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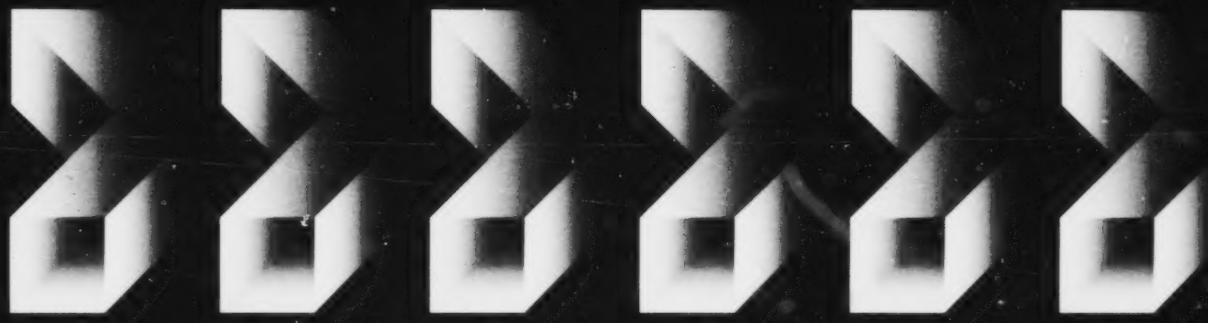

EVALUATION OF THE TOBACCO DEMAND REDUCTION STRATEGY: TECHNICAL REPORT #2

Strategy-Wide Issues: Review of Research, Focus Groups, Interviews and Expert Panel

June 1997

Canada

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Evaluation of the Tobacco Demand Reduction Strategy

Strategy-Wide Issues: Review of Research, Focus Groups, Interviews and Expert Panel

Revised Integrated Report

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CHAPTER

1 INTRODUCTION

This report focuses on strategy-wide issues in the evaluation of the Tobacco Demand Reduction Strategy (TDRS), examining the performance of the overall Strategy in light of the evolving tobacco control environment and TDRS's original objectives. Multiple perspectives are brought to bear: those of Health Canada representatives, those of provincial/territorial government officials, those of key external stakeholders working with health and tobacco-related issues in non-governmental and research capacities, those of Aboriginal community representatives, and those of members of a panel of national and international experts in the tobacco and public health fields. The methodologies used for this component of the evaluation are described below.

1.1 Methodology

The methodology employed by Ekos consisted of three focus groups to examine activities of the Medical Services Branch in relation to First Nations populations, a file review of 25 research projects with follow-up interviews, 50 key informant interviews, and an expert panel.

Focus Groups: Aboriginal Programming

Evaluation Questions

Four evaluation questions for the Medical Services Branch activities under the TDRS were listed in the Request for Proposals. Several sub-questions were added during the design of the instrument for each, as presented in Appendix A. The four primary questions were as follow:

1. How appropriate was the allocation of funds across the four themes (community action, research, training and education)?
2. What activities were undertaken with the funds used for community-based projects? What happened as a result of those activities? What can be learned from these experiences?
3. How many people participated in community training events? How is this training translating into visible impacts at the community level with respect to the original project objectives?
4. Was the management and coordination of the MSB component undertaken in an efficient and effective manner?

Evaluation Data Sources

As part of the TDRS evaluation, three focus groups were conducted, one each in Ottawa, Thunder Bay, and Saskatoon. The participants for these groups were all First Nation and Inuit persons involved with the TDRS. The Ottawa group was comprised of members of national organizations, while the remaining two groups were made up of community or tribal organization members. These focus groups collected information on these TDRS participants' experience with the component of TDRS administered by the Medical Services Branch, as well as on the role and future of non-traditional tobacco use in their communities. Cost-effective alternatives to the TDRS approach were also examined.

Appendix B.1 presents the Integrated Report for the focus groups. Appendix B.2 contains the moderator's guide for the focus groups and Appendices B.3, B.4 and B.5 present the summaries from each individual focus group.

Research: File Review and Follow-Up Interviews

Evaluation Questions

Information was collected on each of the evaluation questions presented below (the sub-questions are presented in Appendix A):

1. Did the research funded through the TDRS provide useful information to plan and evaluate other components of the TDRS?
2. What research has been funded and why? What has been the share devoted to prevention, protection and cessation?
3. Was the information needed for designing programs, services and message promotion of high quality, and was it provided in a timely fashion?
4. Is there evidence that the research results were used for designing programs, services and message promotion?
5. Was the research initiative successful in collecting good quality data from all the priority groups?

Evaluation Data Sources

The research projects reviewed for this component are those administered through the National Health Research and Development Program (NHRDP) and the Health Protection Branch (HPB) of Health Canada, including the Office of Tobacco Control (OTC). There were 25 projects which comprised the entire population for this evaluation review.

Data sources for the in-depth file review began with a review of all project files, focusing on the information relevant to the evaluation questions outlined above. Data pertaining to the evaluation questions were entered into a computerized database as the file was reviewed. Once the file review was complete, a follow-up telephone interview was conducted with the key project manager, in order to complete file information and to obtain data on perceptions of program effects. The key project manager was identified from the program files and defined as the person who held greatest administrative responsibility for the implementation of the project for the longest duration. Where the project manager was not available, the Health Canada information officer responsible for that project was interviewed. A total of 25 interviews were conducted.

Appendix C.1 contains the Integrated Report on the Review of Research and Appendices C.2 and C.3 present the file review and interview guides respectively.

Strategy-Wide Issues: One-on-One Interviews with Internal and External Key Informants

Evaluation Questions

The evaluation questions for this study component are as follow:

1. Has the tobacco control environment changed since the introduction of the TDRS and in what way?

2. In light of trends observed in smoking prevalence and amount smoked since the introduction of the TDRS, is there any evidence showing the connection between the reduction in tobacco taxes in 1994 and tobacco product consumption in Canada (particularly amount youth)?

3. Can the difference in smoking prevalence and consumption among provinces/ territories be attributed to price differences?

4. What other factors were influencing the overall tobacco use environment during the course of the TDRS (i.e., promotion)?

5. Has the implementation of the various components of the TDRS been consistent with the original objectives of the TDRS?

6. How and to what extent has the TDRS been coordinated with provincial/territorial and NGOs anti-tobacco activities?

7. Has the TDRS built effectively upon services, programs, and other initiatives that existed prior to February, 1994?

8. Have the various interventions been consistent with, and supportive of, other TDRS interventions objectives? Have the interventions complemented each other to increase the potential impact?

9. How appropriate has been the allocation of resources across the three themes of prevention, protection and cessation?

10. Are the TDRS objectives and interventions consistent with the other priorities and policies of the Department and of the federal government (e.g., Agriculture Canada, Heritage Canada)?

11. What other programs, policies and legislation of the federal government may have had an impact, positive or negative, on tobacco control?

12. What lessons have been learned during the three years of the TDRS?

Evaluation Data Sources

Consultations were carried out with Health Canada officials, both at headquarters and across the various regions, representatives of provincial and territorial organizations and governments, and representatives of non-governmental stakeholder agencies and stakeholders outside the tobacco control community. These interviews provided valuable information regarding strategy-wide issues as well as intervention specific issues pertaining to specific stakeholders. Of the 50 planned interviews, 48 interviews were completed[1].

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[1] In addition to the 48 interviews, two research project managers interviewed as part of the research component were also asked a few questions regarding the overall Strategy as the original intention was to interview them as stakeholders.

Appendix D.1 presents the data from the interviews in a raw format. Appendix D.2 contains the interview guides.

Expert Panel Review

Evaluation Questions and Data Sources

In all, eleven experts in the field of tobacco use were recruited to lend their expertise to the evaluation through the review of the draft findings from all components of the evaluation. The purpose of the consultations was two-fold: to validate and clarify the findings; and to provide suggestions for solutions to problems and recommendations for action.

The experts were recruited from a list of potential names that was drawn from personal knowledge of the Expert Advisor for this project (familiar with the tobacco research community), suggestions received from the client at project start-up and from consultation of key documents and informants among those already selected. The client then chose a subset of the suggestions from which to begin recruitment. As Canadian experts were recruited, they were asked to suggest possible international experts to include, based on their knowledge of the field.

As well, in an effort to recruit individuals with expertise spread across a number of different areas (e.g., tobacco-reduction strategies and tobacco issues, as well as in the area of Aboriginal populations and the prevalence of tobacco use), some Canadian experts were also suggested by potential experts. This "snowball" approach was also utilized where the suggested expert was unable to participate and was asked to suggest a replacement. The final panel of experts consisted of eight experts from Canada, one expert from the United States and two experts from Australia[2].

The experts' contribution to the study involved reading a detailed information package and responding to a questionnaire. The questions focused on the continued relevance of TDRS and a federal anti-tobacco initiative, impacts and success of the program in achieving its objectives, lessons learned and alternatives, based on their review of the study findings and their knowledge of the anti-tobacco field. The experts worked on the questionnaire individually.

The information package sent to the experts was organized in a binder (to minimize the amount of time experts needed to spend in assimilating information) which contained a cover letter, instructions regarding the disposal or return of the package and the expert panel questionnaire and the following sections: Chapter 1, The Tobacco Demand Reduction Strategy; Chapter 2, Evaluation Questions; Chapter 3, Legislation/Enforcement; Chapter 4, Public Education and Awareness Program (PEAP), Community Action Initiative Program (CAIP), Access to Information — National Clearinghouse on Tobacco and Health (NCTH) Case Study Findings; Chapter 5, Social Context Issues and Message Promotion; and Chapters 6 and 7, Strategy-Wide Issues (including Review of Research). Chapters 1 through 5 were prepared for inclusion in the package by Health Canada, while 6 and 7 were prepared by Ekos.

While eleven experts were originally recruited, only nine were able to participate. Of the two that had to withdraw, one had other responsibilities and the other did not feel that his knowledge and background was sufficient to participate (after having read the information package). Of the nine who were able to participate, only seven experts' responses were received within the (extended) reporting deadline and whose views are therefore presented in this report.

[2] While only ten experts were originally proposed, eleven experts were recruited. The "extra" expert was from Australia and was recruited before the original Australian expert was able to respond to their invitation. This eleventh expert was maintained to account for any attrition that may occur once the package was ready for distribution.

The detailed questions and responses may be found in Appendix E.1. The list of expert panel members is presented in Exhibit E.2.

1.2 *Organization of the Findings*

The findings from these components of the study are synthesized across all of the six data sources (Health Canada representatives, provincial/territorial government officials, external stakeholders, Aboriginal community representatives, review of research, expert panel members). They are organized into three broad issues:

(1) ***Program design and resources***: This issue category relates to the adequacy of the design and resourcing of TDRS, in order to examine the likelihood that TDRS's expected effects could be found given the types of program activities funded and the resources dedicated to them. Data pertaining to the consistency between TDRS's objectives and its various interventions are discussed. The extent to which TDRS both built on existing services, programs and initiatives and was coordinated with provincial/territorial and NGOs anti-tobacco activities are examined, as is coherence with other federal initiatives.

(2) ***Objectives achievement, impacts and effects:*** The second issue deals with the success or effectiveness of TDRS. Special emphasis is given to evidence that TDRS objectives have been achieved: increased priority of tobacco control as a public health measure in Canada; increased public knowledge of the dangers associated with tobacco product use and enhanced public awareness of the health risks associated with environmental tobacco smoke; reduced risk of increased in tobacco consumption in those groups most likely to initiate or increase consumption because of lower prices; and further denormalization of the use and marketing of tobacco products (Health Canada, Program Evaluation Division, 1995, p.2). In addition, unexpected program results are examined.

(3) ***Lessons learned and alternatives:*** Finally, our presentation of findings will address the question of alternative ways of achieving the same results regarding tobacco consumption in Canada. In this section, delivery issues evident in the data will also be described. Emphasis will be on more efficient or effective ways of achieving the TDRS objectives and intended effects, and more cost-effective ways of delivering the existing program.

Within each broad issue category, results from the each of the data sources are identifiable, indicated as: *federal key informants (or respondents), provincial/territorial key informants (or respondents), external stakeholders, review of research, Aboriginal focus group respondents,* and *expert panel members.*

CHAPTER 2

FINDINGS

2.1 Program Design and Resources

Four main program design and resource issues emerging from the five data sources are described in this section: the extent to which TDRS was built on and coherent with previous initiatives; type of projects funded and allocation of resources between components; resource levels; and continuity of funding.

(a) Continuity and Coherence

Findings regarding this issue suggest that the design of TDRS was coherent with its principles and objectives. This was more strongly felt to be the case by respondents within Health Canada than those in provincial/territorial governments or non-governmental organizations.

Overall, *federal key informants* felt that the design and implementation of the various components of TDRS had been at least somewhat consistent with its overall objectives and the 11 principles on which it was based. Some respondents indicated that the objectives and principles were followed, and over half also felt that the various initiatives of TDRS were internally consistent and complementary. Respondents indicating that the initiatives did support and complement each other also felt that this had led to an increase in TDRS's impacts.

Several *federal* and *provincial/territorial respondents*, however, raised an issue that reoccurs in several aspects of this assessment of strategy-wide issues. It was felt in many cases that it was impossible for initiatives to be consistent with each other because there was no overall plan for the entire Strategy. Moreover, at the level of implementation, connections and integration among projects were lacking. It was felt by several respondents in all groups that any complementarity between projects was therefore coincidental. Some respondents also indicated that there had been complaints of duplication due to a lack of coordination and poor communication. A significant minority of both federal and provincial/territorial respondents indicated that the initiatives were fragmented and territorial.

Just under half of *federal* and some *provincial/territorial respondents* were of the opinion that TDRS had built upon services, programs and other initiatives that had existed prior to it (where those existed), although there was disagreement as to how effectively this had been done. There was some lack of continuity noted; for example, one respondent felt that the TDRS could have used or combined materials and efforts of the anti-drug campaigns. The consensus among *federal respondents* was that materials and resources previously developed (e.g., Diary of a Teenage Smoker, Smoke-Free, PAL) had been used, although *Aboriginal respondents* stated that most are not relevant to First Nations and Inuit communities. Many existing materials had been updated and adapted during the course of the TDRS, but some are still out-of-date.

External stakeholders were divided on the issue of whether the TDRS built effectively on programs, services and initiatives that existed prior to 1994. Approximately half the stakeholders interviewed felt that the TDRS has done a reasonable job of building on the services, programs and initiatives that had existed prior to its implementation. The remainder felt that TDRS did not build effectively on what already existed. It was felt by both *external stakeholders* and *expert panel members* that Health Canada had not consulted with stakeholders enough, and set funding priorities which did not necessarily coincide well with what organizations were already doing. Both these groups also noted that the lack of planning or time to develop a coherent strategy at the outset limited the effectiveness of the TDRS in this respect. *External stakeholders* did, however, feel that the TDRS was reasonably consistent with its objectives except in terms of denormalizing tobacco marketing. The TDRS was felt to be inconsistent with this objective because Health Canada was unwilling to target tobacco companies in its advertising.

(b) Type of Projects Funded and Allocation of Resources Between Components

With respect to resource allocation across TDRS components, the majority of *federal* and *provincial/territorial key informants* felt that funds had been allocated appropriately across the initiatives. A concern about the allocation process was raised by several *external stakeholders*, who strongly felt that there should have been more collaboration in decision-making about projects. Arguments for increased funding to several components were, however, made. Several *federal* and *provincial/territorial key informants* felt that more money should have gone into the research component as research increases the knowledge base from which to develop programs. There were divided opinions on the issue of enforcement, with some respondents feeling that more funding was required, and others feeling enforcement to be relatively ineffective. There also were calls for more to be allocated to the community level. Annual community funding levels should be fixed in advance for each territory, according to one respondent. Finally, it was suggested that more funds be allocated to promotion, allowing longer media campaigns. While some *expert panel members* had difficulty judging the appropriateness in the balance across program components given the lack of a clear plan or targets, the majority felt that the elements of TDRS had been comprehensive and appropriate. It was suggested by several experts that TDRS should have invested proportionately more funds in prevention, especially among youth.

While the allocation between components was generally regarded as appropriate, a need was felt in many settings for some flexibility in terms of deadlines and decision-making structures. Community development projects such as those undertaken with First Nations take time which is made difficult with stringent deadlines. The TDRS design relied on funding community-based activities through non-governmental organizations, which created additional problems in some regions. For example, in one of the territories, no NGOs could take on the funding and Health Canada did not delegate the necessary powers to territorial officials. In the territories, funded projects started only a year ago so it is doubtful that these will have long term impacts. A similar problem was noted by some *provincial/territorial respondents*, in that funding was not allocated to the provinces' most natural tobacco intervention units, the community health structures: "It's as if Health Canada thinks that community health structures are not involved in their communities". Calls were also made for regional Health Canada offices to be more independent regarding the selection of projects to be funded.

Another resource allocation issue was the type of project funded and the groups targeted. Overall, the allocation of resources among target groups in TDRS was generally regarded as appropriate given the aims and focus of the Strategy. Some *external stakeholder respondents*, however, criticized the TDRS for funding projects which were not sound intervention approaches, but which were "novel" or oriented towards a specific target group. For example, a project targeting immigrants was funded in an area where there are very few of them and this was not greatly appreciated by the stakeholders in that locality. Projects with a more generic approach would have been more appreciated in this low-populated area. Some criticized what they described as the use of "quotas" in the allocation of funds, which led to what were perceived to be poor projects which met some "pre-identified category established by Health Canada".

Many arguments, however, were heard for stronger support to certain targe groups. First among these was the Aboriginal population. Funding levels here did not adequately recognize this group's higher rater of tobacco consumption, according to some *key informants in both federal and provincial governments.* Others felt that the focus should have been almost exclusively on youth with less emphasis on women. Still others noted that TDRS efforts aimed at women failed to recognize tobacco as primarily an addictions issue or to take into consideration women's social context. Some *expert panel members* favoured even stronger targeting of youth.

(c) Resource Levels

Regarding overall resource levels, there was almost no perception amongst respondents, except from *Aboriginal groups* funded through the Medical Services Branch, that TDRS lacked sufficient resources. Indeed, many respondents in fact felt that TDRS had had too much money, given the timeframe of the Strategy and its projects. Some respondents said TDRS could have done great and innovative things "on a shoe string". This perception of unnecessary resources was generally associated with a perception that the main motivation behind the size and timing of TDRS was political and not as carefully planned and resourced as it could have been. *Expert panel members* were particularly critical in this regard: for example, one stated that: "random short-term activity will get us nowhere, even if we generate huge amounts of it by handing out piles of cash". It seems unlikely that insufficient funding levels were a major barrier to the achievement of TDRS objectives.

In the field of research, a senior respondent involved in research at Health Canada indicated that, while TDRS money allowed for research to be undertaken and new knowledge developed, there was no plan in place for analyzing these data and disseminating it to its full potential. This concern was strongly echoed by *expert panel members.*

Aboriginal groups funded through Medical Services Branch were generally dissatisfied with the level of funding available for anti-tobacco activities through TDRS. National Aboriginal groups, although generally pleased with the funding arrangements, all expressed a need for greater funds. Aboriginal community organizations stressed the lack of funding to combat such a large issue.

(d) *Continuity of Funding*

Concern was widely expressed over continuity of funding, especially among *provincial/territorial respondents*, *external stakeholders*, and *expert panel members*. There was strong consensus that visible results from tobacco interventions, especially those with a community development approach, could not be expected to bear fruit within three years. In order for results to be seen at the level of the population and especially among resistant groups, efforts would be required for longer than the life of the Strategy.

According to one respondent, tobacco councils and tobacco groups at the community level were given large amounts of money and not enough time to develop a plan before the money had to be spent. Now these councils are struggling and may close. It is believed by this respondent that the closure of these councils will result in a decrease of tobacco as a priority issue in Canada. Many *external stakeholders* were uncertain about the extent to which community groups would continue to work on the issue in the absence of continued TDRS funding, and one respondent estimated that only one-quarter of groups would continue their tobacco-related efforts. The absence of continuity constrained potential impacts of TDRS.

(e) *Coherence With Other Programs*

Almost all *federal key informants* concurred that the TDRS objectives and interventions were consistent with other priorities and policies of the Department and, to a certain extent, the federal government. For example, it was indicated that through TDRS, First Nations and Inuit had developed a capacity to do research and this was consistent with a move towards self-government. TDRS was also said to be consistent with the federal role for knowledge development and legislation. Certain inconsistencies between the TDRS and other federal departments were nevertheless noted. Examples provided include the Department of Finance and the rollback of taxes, Agriculture Canada's subsidies to research on tobacco growing, Corrections Canada's sale of tobacco products to inmates, and Heritage Canada's permitting tobacco company sponsorship of cultural events. Links needed to be made with post-partum programs undertaken as part of the Child Development Initiative. To the extent that any inconsistencies or opportunities for synergy were not addressed, TDRS's potential effectiveness is diminished.

(f) Conclusion: Program Design and Resources

The initiatives implemented under TDRS are generally regarded as consistent with the Strategy's objectives and with overall departmental and federal orientations. However, complementarity among TDRS projects was lacking. This was attributed to a lack of an overall plan and a fragmented approach. Original resource levels were generally regarded as more than adequate, except among First Nations communities. Concern was expressed about the negative effects of short-term funding. Thus, although funding levels would not have been a barrier to TDRS's capacity to achieve its objectives and other desired effects, other program design issues were more problematic.

2.2 Objectives Achievement and Impacts and Effects

This section examines TDRS's success in achieving its objectives, from the point of view of program officials and key stakeholders. Unexpected and negative impacts are also discussed. Overall, our data indicate that TDRS is perceived as having been only moderately successful in achieving a number of its objectives.

Greatest success was noted in the area of improved knowledge and attitudes, but these were seen to have been influenced by factors outside of TDRS. It was noted by many data sources that it is impossible to know what would have happened in the absence of TDRS. There was also a strong belief that the objectives of the TDRS were not realistic for a three year initiative.

(a) Tobacco as a Health Priority

One of TDRS's objectives was to increase the priority of tobacco control as a public health measure in Canada. Over all the data sources, there were mixed perceptions of whether and how the priority of the tobacco issue has evolved over the period covered by the Strategy. As explained below, while some changes in the tobacco control environment may have occurred since TDRS was implemented, these are seen as at least partly due to other factors.

Within Health Canada, over half of the *federal respondents* felt tobacco control has increased as a priority issue since TDRS was introduced. Examples provided included increased news coverage of tobacco issues, new local and national legislation (e.g., Selling Tobacco to Minors Act; banning of tobacco advertising at cultural and sporting events) and its enforcement (e.g., hiring of enforcement officers), development of materials and resources, and increased correspondence from the public. Most *provincial/territorial respondents* also felt that the issue of tobacco control had increased in priority as a health issue since TDRS was introduced, because some provincial/territorial Health Ministries are developing policy, and some municipalities and health sectors are looking at smoking regulations resulting in the designation of areas such as schools as non-smoking. However, many *federal and provincial/territorial respondents* and *external stakeholders* felt that while TDRS may have contributed to these changes in priority, its role was overshadowed by other factors such as the Supreme Court ruling on advertising which received considerable media attention. The work of strong lobby groups (e.g., Cancer Society, Heart and Stroke Foundation) also had a major impact. In addition, the reduced level of funding, cutbacks and the short time-frame of the strategy all contributed to limiting the impact of the TDRS.

Other respondents, both *federal and provincial/territorial*, felt that there had been no changes in the priority accorded to tobacco as a health issue, some because tobacco has already been a top priority health issue for years. Some *federal respondents* cited the fragmentation of tobacco programming within their department as evidence that tobacco had not become a top-priority issue for the department. It was suggested that tobacco control has not increased as a priority because it is in competition with other health priorities. *Provincial/territorial respondents* were more likely to state that tobacco had not increased in priority if their province/territory was already involved in tobacco intervention or health promotion and prevention. Most *external stakeholders* felt that TDRS has contributed little to any changes that have occurred in the tobacco control environment since TDRS was introduced. All *expert panel members* agreed that the tobacco control environment has changed favourably since the introduction of TDRS — and all also agreed that TDRS is probably not responsible for much of this change. *Expert panel members* also noted that TDRS has kept tobacco clearly on the public health agenda and provided some data which will be useful to the tobacco control environment and to existing coalitions and agencies. However, they noted that activities in the U.S., notably in terms of high-profile attacks on the tobacco industry, had spin-off effects in terms of stimulating awareness and activity in Canada.

Although it was generally felt that the TDRS research agenda was responsive to knowledge needs for programming, there was little evidence that research helped tobacco to become or remain a priority on the health agenda. Some *federal respondents* noted that specific research results had attracted attention to particular problems (e.g., morbidity issues). Research was seen by all *expert panel members* as having had far less impact than it could or should have, because of first, lack of planning and coordination, and second, ineffective dissemination. This latter issue was seen as a very serious problem for TDRS by all expert panel members, resulting in further loss of credibility of research among policy makers.

Focus groups among *Aboriginal respondents* suggested that TDRS raised the profile of non-traditional tobacco use as a health issue, but that this higher profile would not be sustainable. Before TDRS, there was no concerted effort to combat the use and effects of non-traditional tobacco smoke, largely because other health and social issues are considered by many to be of greater importance, thus smoking is often not seen as a priority. This situation is not regarded as having changed, and it is felt that after TDRS, smoking would return to its former status as a low priority health problem among Aboriginal peoples. These findings were in contrast with responses from *federal respondents*, who felt that there had been a change in priority in their Aboriginal client group because TDRS funding had provided the impetus to start anti-tobacco activity. While noting the many other health and social issues that First Nations must deal with, they felt that TDRS has now provided First Nations with an infrastructure for dealing with non-traditional tobacco use as a health problem. It has also resulted in First Nations developing capacities for research and for health planning.

(b) Change in Canadians' Attitudes and Knowledge Regarding Tobacco

Federal, *provincial/territorial* and *external stakeholder* key informants expressed varied opinions as to whether attitudes and knowledge levels pertaining to tobacco consumption and environmental tobacco smoke (ETS) have changed since TDRS. However, most *provincial/territorial* and some *federal respondents* believed that attitudes and knowledge levels pertaining to tobacco consumption and ETS have changed since TDRS and that TDRS has contributed positively to these changes. Respondents noted that there have been policy changes in some of the smaller communities, there is more media awareness, resources have been created and people are talking about it more. A few respondents felt that there has been an increase in awareness from the banning of smoking in public areas due to local legislation. TDRS media campaigns as well as Bill C-71[3] were felt by some respondents to have had at least some impact on people's awareness and knowledge levels on the dangers of tobacco. However, other factors outside TDRS also raised awareness, particularly provincial development of anti-tobacco legislation and other activities of the provincial/territorial health ministries and provincial/territorial smoking councils, as well as the American media. Among those who believed that changes in attitudes and knowledge have occurred, it was felt that those concerning ETS had improved most significantly. ETS was described by two respondents as a "real emerging issue" and they felt that the TDRS was a catalyst for this change. Another stated that the ETS advertising campaign was one of the most successful campaigns Health Canada has conducted and felt that it had an impact on knowledge and attitudes.

Among the minority of *federal, provincial/territorial* and *external stakeholder respondents* who felt that there had either been little or no substantial change in knowledge and awareness levels, some suggested that Canadians' pre-TDRS knowledge was already very high. According to other respondents, TDRS efforts should have focused much more on smokers' behaviour and less on the general public. It was suggested that the knowledge level of those directly involved in TDRS had increased to a great extent, but this knowledge had not been disseminated. Of the three groups interviewed, *external stakeholders* were the least likely to see improvements in Canadians' knowledge and attitudes since TDRS. Some respondents from *all groups* interviewed deplored the lack of data to support any conclusions about the effectiveness of TDRS in changing awareness and knowledge levels.

Aboriginal respondents in the focus groups felt that community-based projects, notably workshops at the community or tribal council level, were successful in raising awareness of non-traditional tobacco-use. Of importance as well were the capacity-building effects of the TDRS for sustained awareness efforts. *Federal respondents* noted that TDRS brought First Nations and Inuit into the fight against tobacco and encouraged introspection within those communities as to the cultural role of tobacco.

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[3] Bill C-71 was passed by the House of Commons on March 6, 1997. The Act regulates the manufacture, sale, labelling and promotion of tobacco products.

Expert panel members held mixed opinions about TDRS success in changing Canadians' knowledge and attitudes, with some stating that despite initially high public awareness levels, the combination of media campaigns, policies and enforcement activities have raised global and local awareness. Others felt that there is no evidence that there was any shift in knowledge from 1994 to 1996, and that tremendous gaps in public knowledge remain. Regarding ETS, expert panel members suggested that although survey data suggest improved knowledge perhaps resulting from TDRS media campaigns, it is difficult to tie this to TDRS.

(c) Reduced Risk of Tobacco Consumption

Impacts observed by *federal respondents* on risks of tobacco consumption to date varied, with some respondents indicating there had been no impacts. Others felt that it is unrealistic to expect TDRS to have had an impact given the tax rollback. Several impacts were noted which could indirectly reduce risk of smoking, including: a more forceful anti-tobacco lobby; increased confidence of youth non-smokers to speak up; additional community resources and programs aimed at TDRS target groups (including gender sensitive programs and resources); and involvement of a great number of actors from federal government down to the grassroots. It was felt that although direct impacts of TDRS may not yet be observable, in the long term there would be changes in peoples' smoking behaviours and reduced smoking take-up as a result of TDRS. *Provincial/territorial respondents* also noted that TDRS has given some continuity to tobacco reduction across Canada.

Impacts on risks of smoking noted by *provincial/territorial representatives* also varied. It was strongly felt by some respondents that the objective to minimize tobacco consumption was not even addressable because of the tax reduction. (Some provincial respondents seemed unaware that TDRS had been implemented to counter the tax cut.) A critical viewpoint was that there had been no impacts other than to fill Health Canada's need to show that the tax rollback had no significant effect on tobacco consumption. Short-term impacts that were cited include increased pressure on smokers to give up tobacco and a recognized need for long term cessation support. In the long term, *provincial/territorial respondents* felt that the amount of knowledge that has been generated will assist those working in the area of tobacco for a long time in helping to keep the issue of tobacco as a priority. The long-term impacts of community action programs were questioned by *provincial/territorial representatives, external stakeholders* and *expert panel members*, especially if public funding disappears.

In terms of the objective of minimizing the risk of an increase in tobacco consumption, both *external stakeholders* and *expert panel members* felt that TDRS had not been very effective, largely because price is such an important factor in consumption, particularly among youth. However, *external stakeholder respondents* identified a number of achievements of the TDRS related to reduction of smoking risk. Two-thirds of the external stakeholders interviewed agreed that, as a result of the TDRS, there are more people and community groups working on the issue of tobacco control. TDRS is seen as having been successful at "pushing things down to the grassroots" and developing community infrastructure, and that more people and groups are now aware of and involved in tobacco control issues. They questioned, however, how many would continue to work on the issue in the absence of funding. *Expert panel members*, however, concurred that TDRS was unable to offset the risk of an increase in tobacco consumption in those groups most likely to initiate or increase consumption because of lower prices. It was noted by panel members that what seems to have happened is what would have been expected to happen from the literature, in the absence of TDRS (i.e., smoking increases among price sensitive youth) — leading to a conclusion that TDRS was ineffective in this regard.

There was some feeling among *Aboriginal focus group respondents* that TDRS projects had resulted in less smoking within the Aboriginal communities. TDRS had a significant impact, according to some participants, on the health centre offices which now give a higher priority to tobacco issues. *Federal respondents* noted as impacts an increased capacity of First Nations and Inuit for health planning, around tobacco in particular, and an increased capacity of the First Nations and Inuit youth to conduct research.

(d) Denormalization of Tobacco Use

The objective of denormalizing the use and marketing of tobacco products is seen as difficult to meet because it is countered by media and other influences. While some data sources were pessimistic about this TDRS objective, others perceived positive impacts.

Regarding denormalization of tobacco use, a number of achievements of the TDRS were noted by *federal key informants.* These included: enforcement of sales of tobacco to minors legislation; general learning of policy makers and programmers; and contributions to tobacco legislation (particularly local by-laws). Others suggested that the objective to further denormalize the use and marketing of tobacco products had not been achieved because the Supreme Court of Canada took it out of their hands when they made it legal for tobacco companies to advertise. It was noted by one respondent, however, that Bill C-71 which followed from the Supreme Court ruling has contributed to meeting this objective. Another noted that it had not been possible to achieve this objective through the mass media campaign (advertising). Health Canada tested advertisements which were critical of the tobacco industry, but found that the public was not supportive of this approach. *External stakeholders* and *expert panel members*, however, felt that the TDRS did very little to further denormalize the use and marketing of tobacco products. Many criticized Health Canada for not being willing to challenge the tobacco industry in the media campaign. These two respondent groups were disappointed that Health Canada was not willing to take a harder approach (similar to what was done in a number of American states, including California) against the industry in advertisements. *Expert panel members* concluded that

TDRS has accomplished very little in terms of denormalization, mostly because of the contradictory effects of the various legislative initiatives or because of the continued ready access of tobacco products to youth

Most TDRS impacts mentioned by *provincial/territorial respondents* were in the area of tobacco control and denormalization, including: developments in provinces/territories that had had no anti-tobacco activity before TDRS; the Tobacco Control Blueprint and Tobacco Act; improved enforcement of legislation; awareness of ETS; and more people working towards tobacco legislation.

(e) Impacts on Target Groups

Opinion was divided as to the impact of TDRS on its key target groups and the success of TDRS in minimizing the risk of an increase in tobacco consumption among these groups. According to some data sources, TDRS activities were well-focused on the target groups of interest, reaching many groups with specific messages. Some target groups in remote areas had not been exposed to community projects before TDRS. The targeting of high risk and high user groups (e.g., schizophrenic women) was also said to be important. A few *federal respondents* felt that TDRS was especially successful in reaching mothers and pregnant women. With respect to youth, some respondents felt that TDRS has enabled youth to become involved in and empowered by the tobacco issue and provided guidance for planners in designing programs for them. However, many *external stakeholders* felt that impacts with many target groups (including youth and disadvantaged populations) were limited by the fact that there are so many factors at play in leading individuals to smoke. The increase in tobacco consumption among youth was cited as one indication that TDRS was not successful in combatting the impact of lower prices. Furthermore, many *external stakeholders* felt that the success of TDRS in minimizing the risk of an increase in tobacco consumption in these target groups was limited by cutbacks in funds. Overall, *expert panel members* could not conclude that TDRS has been successful in reaching its high-risk, resistant populations. They also noted the general inadequacy of surveillance monitoring systems for TDRS, which fail to provide meaningful data on TDRS target groups.

The *review of research* indicated that the allocation of research funds only partly targeted TDRS priority groups, with the majority of projects aimed at the general public, followed by youth. Few research funds were expended on projects targeting women or resistant priority groups. Although some research projects focused on groups other than those identified as one of the target groups for TDRS, very few projects did not have at least one priority group as their target. Even so, the results of many of the research projects which did not focus on a specific target group will have an impact on them.

Some *external stakeholder respondents* and all *expert panel members* also felt that the long-term impacts of community projects will be limited without a significant effort to disseminate results and findings from projects.

(f) International Impacts

Several *federal respondents* mentioned international impacts of TDRS, including: development of legislation in other countries; establishment of a Coordinating Committee on Tobacco Control in the Ukraine; drafting of a framework by the World Health Organization to look at world wide regulations to govern the marketing of tobacco; and establishment of key points of contact with other countries.

(g) Research Impacts

The *research review* indicated, overall, that TDRS-supported research did provide useful information to plan and evaluate other components of the TDRS. This was an important objective of more than half of research projects studied, while others were aimed at improving policy and legislation. For those projects that did not have program design, evaluation or policy as their focus, most were still very much linked to TDRS and its goals and objectives. It was also felt that results of these projects have already influenced (or have the potential to influence) program and legislation design. Some of the research undertaken was the only project of its kind in Canada and, in some cases, the world.

Overall, it was the perception of those interviewed in the *research review* that the results and information provided by the research was comprehensive both in terms of the overall research as well as in terms of their target groups. While gaps were noted in some of the research, this was not seen as a weakness in the research undertaken. Rather, it was felt that through the research that the gaps were highlighted, as well as new avenues for research identified. Examples of areas where more research is needed included ETS and immigrant youth.

In the key informant interviews, *federal respondents* noted that the research undertaken through TDRS has gone beyond the norm and looked at the behaviours of smokers, determinants and prevention. Benchmark studies were undertaken, and advertising was based on more research than ever before, resulting in a better campaign. The Survey on Smoking in Canada and the Youth Smoking Survey are said to have provided excellent data.

Expert panel members were, however, critical of TDRS research. Again, the issue of dissemination was regarded as highly deficient: panel members noted that in some cases, reports were completely unavailable; in others, only highlight reports or no reports at all were ever published, and much of the commissioned research has not been submitted to scientific journals. Expert panel members also criticized the lack of funds to carry through the results of sometimes years of research and millions of dollars into the design and implementation of more effective interventions. Funding of research through NHRDP was based on scientific merit and led to projects which were not necessarily supportive to TDRS. Funding cuts also resulted in loss of some potentially useful projects. Moreover, panel members expressed concern that there appears to be no systematic capacity to track dissemination nor to solicit user feedback on research results.

Aboriginal respondents noted that several research projects were undertaken with the TDRS funding through the Medical Services Branch. At the national level, two Canada-wide surveys were funded, one to examine smoking perceptions, attitudes, etc., among 10 to 14 year olds; the other was a wider-ranging national study of various health determinants, including smoking. A national needs analysis in the area of smoking was also funded. Results will be used in policy, financial and program planning. Two of the community or tribal council level organizations also used parts of their funding to conduct descriptive research in their communities.

(h) Unexpected Impacts

Provincial/territorial respondents cited several unexpected and negative impacts of TDRS. In some cases the funding structure had been divisive in the communities and broke down partnerships. This negative impact was also mentioned by several stakeholders. *Provincial/territorial respondents* and *external stakeholders*, as well as some *federal respondents,* also stated that tobacco councils and groups at the community level are struggling because money they received from TDRS was taken back, and the potential closure of these councils will result in a decrease of tobacco as a priority issue in Canada.

External stakeholders also identified several weaknesses of TDRS which contributed to a number of negative impacts. Two major weaknesses were identified by all stakeholders interviewed. The first was that a large amount of money was "thrown" to the community in too short a time. These organizations were not accustomed to dealing with such large amounts of money and were ill-prepared. Some organizations also lost traditional funding sources or partners following the influx of TDRS dollars, and are now in danger of folding given that they no longer have this funding. Several stakeholders noted that their organizations had put much of their own work on hold and focused on Health Canada priorities during TDRS. Additionally, the speed with which TDRS was implemented and the fact that it lasted only three years were seen to be serious shortcomings. External stakeholders indicated that there was not adequate time at the outset to develop a solid strategy and plans for spending the money properly. A few external stakeholders expressed very strong concerns on these points and indicated that they were unsure whether the positive impacts of TDRS would outweigh the negative.

Expert panel members echoed these concerns, with two stating that the large number of short term projects stimulated by TDRS whose significance or effects are unclear and unmeasured may have in fact served to destabilize the tobacco control environment. According to these panel members, in the long term TDRS may have weakened Canada's tobacco control capacity and thus proven counterproductive.

A second weakness leading to negative impacts was the federal government's reluctance to relinquish control. Many *external stakeholders* felt strongly that TDRS funds should not have been distributed by Health Canada, but rather by an arms-length, objective group or committee. This type of approach would ensure that allocation is not influenced by political or bureaucratic agenda. Furthermore, this would help shield Health Canada from criticism and provide them with more flexibility in the projects and approaches that can be undertaken (e.g., advertisements that are critical of industry).

(i) Conclusion: Objectives Achievements and Impacts and Effects

Overall, our data indicate that TDRS is perceived as having been only moderately successful in achieving a number of its objectives. Greatest success was noted in the area of improved knowledge and attitudes, but many factors outside TDRS also contributed to these changes. Little direct impact on risk reduction was noted, with TDRS unable to overcome the negative effects of the tax rollback. However, impacts in factors which could have indirect impacts on tobacco use were noted, including greater grass-roots involvement in smoking issues, a more forceful anti-smoking lobby, and increased pressure on smokers to quit. Unintended impacts included weakening of existing partnerships and of community infrastructures.

2.3 Lessons Learned and Alternatives

In this section, issues raised by all data sources regarding implementation and coordination of TDRS are discussed, as are the main lessons learned and alternatives proposed. Several problems were noted with planning and coordination, notably with provinces and territories.

(a) Implementation and Coordination of TDRS

While half of the *federal respondents* did not feel they could comment on the coordination between policy and programs or the role played by the Policy and Consultation Branch (PCB), those who did comment were somewhat divided as to whether there was adequate coordination. Just over half of those who commented felt that coordination was insufficient. One respondent, however, qualified this by saying that in the second and third years there was so much activity taking place that it was virtually impossible to know everything that was going on. According to other respondents, coordination was dysfunctional and the lack of an overall plan resulted in people working in isolation.

The role of the Policy and Consultation Branch (PCB) was also not seen to be that valuable by many *federal respondents* and questioned by some *provincial/ territorial respondents*. Although the lack of teamwork was not felt to be the fault solely of PCB, it was felt that PCB was too autocratic and dictatorial, sometimes giving unrealistic time frames. It was argued that PCB should not have responsibility for coordination as they lack the substantive expertise to arbitrate on tobacco issues. Instances of duplication because of lack of coordination and communication were noted. On the other hand, some respondents were satisfied with the role played by PCB, particularly in ensuring that the activities undertaken were consistent with the interests of the Department. It was also felt that, under TDRS, coordination between branches of HC on the issue of tobacco control was improved.

Federal and *provincial/territorial* respondents were split over whether TDRS has been coordinated with provincial/territorial and NGOs' anti-tobacco activities. However, most respondents felt that the TDRS was implemented in a manner consistent with provincial/territorial and NGO activities. Coordination has taken place through committees such as the Canadian Council on Smoking, a working committee established with external partners on the subject of advertising and promotion, and through provinces where negotiations for joint-enforcement programs were being undertaken. A number of respondents indicated that a lot of effort had gone into consulting with the provinces and NGOs. Some respondents indicated that while there may be some overlap, this is not necessarily negative, and others noted that TDRS cooperated with the provinces in terms of promotion by pooling resources with provinces who developed campaigns which complemented TDRS.

Some *provincial/territorial* and *federal respondents*, however, did feel there was poor coordination with provinces/territories and NGOs, resulting in overlap and duplication. Some provincial/territorial respondents indicated that although there had been attempts at coordination, in some cases it had not been completely achieved. Ad campaigns and enforcement were cited as two particular problem areas. There was the perception among many provincial/territorial respondents that there was little collaboration in TDRS — it was viewed as a federal initiative and not a national one and as a bandaid solution to the tax decrease. According to other respondents, some provinces/territories do not know what the federal government is doing, and may not feel a need to know, as some provinces/territories have policy and legislation as comprehensive as that of the federal government. Finally, it was stated frequently that because everything happened so fast, there was no time to plan, and consequently there is a great deal of duplication. In two cases (Ontario and Nova Scotia), the TDRS sent a curriculum supplement to schools, even though there was already one done by the provincial health department.

Particular coordination problems were noted in terms of the tax rollback and sale-to-minors legislation, where the provincial/territorial direction diverged from the federal. In several cases, the provincial activities were seen to have had more impact than TDRS as they were trying to meet their province's specific needs.

External stakeholders were largely dissatisfied with the coordination of TDRS with NGOs and provinces/territories. Stakeholders also noted that consultations were heated. Several felt that overlaps had resulted from poor coordination and a lack of information sharing. Some stakeholders noted that similar projects had received funding within one province but that, due to the lack of coordination, the project groups were not aware of each other and did not have the opportunity to coordinate efforts and share information to avoid duplication.

Regarding inter-jurisdictional coordination, it was noted by *expert panel members* that in some instances (for example, in Ontario), there was good cooperation and complementarity between federal and provincial governments. However, considerable overlap was seen in some areas, and complementarity among TDRS initiatives was seen by one expert as being almost entirely haphazard.

Within Health Canada, *federal respondents* perceived TDRS to have had positive impacts on the Department, by raising the quality of discussion around tobacco issues within Health Canada, creating opportunities for branches within the Department to work closer together and by working in a much more coordinated manner than in the past.

Several research project managers in the *research review* had comments regarding their experience with TDRS coordination processes. One of the problems noted by these managers was a lack of communication: some learned that their project had received the go-ahead indirectly (i.e., through the media) and not directly from Health Canada. Others indicated that when planning their proposal, they were not informed of either the spending limit or the time frame. Communication between TDRS and NHRDP was perceived to be poor. Some research project managers noted having up to four NHRDP project officers during the life of the project. Although there was general support for the way research was managed by NHRDP, they felt the process needed to be more structured and have more continuity. Others suggested that because TDRS practically happened overnight, no list of research priorities had been established.

Among *Aboriginal respondents*, there was considerable difference of opinion with regard to how well the TDRS was coordinated by Health Canada. Those at the national and tribal council levels were very pleased with the management of TDRS. They stated that they had no problems with liaising with MSB officials, nor did they indicate having any problems with the reporting requirements. Most were pleased with the funding arrangements, except that all wished they had more money. One of the national organizations had some trouble receiving funding, and had to get a personal line of credit, for which they paid interest, until their funding came from Health Canada. All had established good working relationships with MSB staff, especially those staff who were First Nation or Inuit, but they generally disliked the fact that MSB officials were constantly changing positions, stating that this made it hard to establish a working relationship.

At the community level, however, there was much dissatisfaction among *Aboriginal respondents* with the management of TDRS by Health Canada. Participants stated that they were not consulted prior to receiving information on TDRS. They stressed the fact that they are best situated to determine the health needs of their communities, and as such should have been consulted before any type of strategy was put in place. Most had never heard of TDRS, why it was implemented, or why they were approached. All simply received faxes asking them, "to put together a proposal to get some money".

These *Aboriginal respondents* were dissatisfied with the way in which they received funding from MSB. They stated that they had to spend their own money first, then get reimbursed. This process sometimes took more than thirty days, thus communities were forced to pay interest charges on lines of credit or other bridge financing activities. They also stressed the lack of funding to combat such a large issue. All participants at the community level found the reporting aspect onerous. They felt that the amount of paperwork required was too much given the levels of funding they received. They also stated that they felt no one read their reports, especially since they never received any feedback from MSB. Community level participants also stated that they had no working relationship with MSB officials. Most had never met their project officers, doing everything by phone or fax. Much like the comment at the national level, participants were dissatisfied with the way in which MSB staff are moved around, making it impossible to develop any type of working relationship.

(b) Lessons Learned

Five main lessons learned emerged from all the data sources in this study. First, more lead time to plan and prepare is necessary, both at the project and program level. The lack of planning and the rush to get projects off the ground has seriously compromised the coordination of the TDRS and therefore its value for money.

Second, there is general agreement that in tobacco intervention, three years is too short a time-frame to achieve significant impacts, and efforts must be sustained over a longer time-frame to impact behaviour. Therefore, programs should be developed which can sustain their resources over a longer period, even if their overall resource level is lower.

Third, collaboration and coordination are critically important. Funding decisions must be open and transparent. Target groups should be involved in developing activities. To better target youth, TDRS should work more closely with provinces/territories and school boards.

Fourth, there was some feeling that TDRS was overfunded (when the original resource level and timeframe are considered), particularly since control over the allocation was poor. Long-term federal commitment to these funds was also seen as less than overwhelming, although it was the first time the federal government had made a major commitment to tobacco. It was felt that more can be done with less money, especially in terms of using the knowledge gained to the level it should be used.

Finally, more time and energy must be devoted to coordination within Health Canada, which is made difficult by the different cultures and programs throughout the department.

An additional lesson learned in the Aboriginal component of TDRS was the importance of capacity building and participant ownership of projects. These will form a solid basis for any further initiatives.

In addition to these primary lessons learned, a number of additional lessons were identified by Health Canada officials, provincial/territorial representatives, external stakeholders and expert panel members. These include:

- ☐ In addressing target groups in community projects, it is important to take a comprehensive approach which focuses on a range of issues in addition to tobacco. For instance, projects targeting youth must deal with self-esteem, drug abuse, and how to make your way through life;

- Regular surveillance to update consumption and prevalence data would be valuable;
- Dissemination of project and research results and findings is critical if the Strategy is to have lasting impacts;
- Strategies such as TDRS should be implemented through an approach which is arms-length to government (stakeholders);
- Community projects are essential to reach target groups (but their effectiveness must be more unequivocally demonstrated);
- In targeting the Aboriginal population, it is important to address non-traditional tobacco use within the context of traditional tobacco use; and
- It takes time to develop community infrastructure, and community funding rules should be flexible for areas such as the territories, where NGOs are lacking.

(c) Alternatives

The majority of respondents from all sources felt that the Tobacco Demand Reduction Strategy was the best way to achieve the objectives set out for it. Nonetheless, based on the above lessons learned, a number of suggestions were made for changes to any ongoing TDRS initiative.

First, planning and coordination must be improved, possibly by revisiting the roles and mandates of existing structures. Alternative funding structures were suggested, as were changes in responsibilities within Health Canada. It was also suggested that major departmental initiatives should not be implemented during times of internal reorganization. There should be more coordination between the different initiatives of the Strategy, including better linkages between the national marketing and enforcement units and the community action officers in the regions. There also must be more consultation and a truly collaborative planning process with provinces/territories and major health NGOs, especially when they have programs of their own. Appropriate time lines are also needed so provinces/territories can build on what is being done nationally.

Second, tobacco initiatives must be constantly reviewed, revised and updated, based on data that have been generated and now must be analyzed and synthesized. Regular surveying must continue to allow tracking of trends. It was suggested that the full effects of the tax rollback have not yet even been appreciated.

Third, the recognition that massive behavioral change takes time and short-term strategies fall short of accomplishing behavioral change should be concretized in longer-term planning and project support. Respondents felt TDRS would be more effective if it were a longer-term strategy with sustained funding, even if funding levels were reduced. A long-term population health approach is deemed necessary.

Overall, most respondents believe that the mix of strategies undertaken by TDRS in an overall national tobacco strategy with a population health focus was the most effective approach. Having an on-going national anti-tobacco strategy is important to raise the profile of issues. Strategies crucial to this mix would include: simple and extremely strong legislation (applied to the tobacco industry as well as ETS); enforcement of legislation with the appropriate resources; relatively less priority on cessation; focus on youth and prevention, but from a population health perspective; international cooperation and collaboration; higher profile to research; and better division of labour between provincial/territorial and federal governments. Community projects are important but there is a need to evaluate and disseminate the best practices. The appropriate mix of strategies should depend on the needs and capacities of each province.

While the TDRS research effort can be considered to have been successful in collecting good quality data in that the results and information derived from the research are believed by project managers to be comprehensive and useful, dissemination has been noted as a problem. While gaps were noted in some of the research, this was not seen as being a weakness in the research undertaken as objectives were either met or will be met. Rather, it was through the research that gaps were highlighted as well as new avenues for research identified. However, much research is still needed on economic, social and behavioral aspects of tobacco use.

Regarding Aboriginal populations, alternatives proposed for TDRS included higher funding levels as well as longer-term support. Greater administrative flexibility was also recommended. A greater capacity for conducting evaluation and sharing and follow-up of research activities were also seen as important improvements to be made.

(d) Conclusion: Lessons Learned and Alternatives

The main lessons learned from TDRS have to do with planning and coordination, as well as program continuity. The overall mix of strategies within the initiative is perceived to adequate.

2.4 Conclusion

This integrated summary of findings regarding strategy-wide issues for the Tobacco Demand Reduction Strategy suggests that, from the point of view of knowledgeable individuals both within Health Canada and in the external tobacco control community, the Strategy can be regarded as only a mitigated success. While considerable achievements were made in terms of community mobilization and collaboration with provincial/territorial partners, results in terms of smoking knowledge and behaviour are not yet visible. The Strategy suffered from some problems of coordination, and there is a widespread feeling that planning was inadequate and that funding was unnecessarily high. There was concern that TDRS's objectives were unrealistic given the three-year funding window.

It was suggested that to be more successful, planning, coordination and collaboration should be improved, notably with provinces/territories which already have substantial anti-tobacco activity. A longer-term strategy is required, but one which involves the same mix of strategies as TDRS in a population health perspective.

APPENDIX A

Evaluation Questions

EVALUATION QUESTIONS[1]

1. How appropriate was the allocation of funds across the four themes (community action, research, training and education)?

   1a) What portion of funds was devoted to each category?

   1b) Within the above division of funds, how were funds apportioned to prevention, cessation and protection, and to women, pregnant women, and youth?

   1c) How were specific community needs and strengths considered and addressed through the choice of projects?

   1d) What specific challenges were encountered within each theme, and how were these overcome (or not overcome)?

2. What activities were undertaken with the funds used for community-based projects? What happened as a result of those activities? What can be learned from these experiences?

   2a) How were community-based projects structured, and who participated and did not participate in their planning and implementation?

   2b) Who was most and least reached by these projects? Why?

   2c) Is there evidence that these projects had impacts on smoking prevention, protection or cessation within their communities?

   2d) Which projects are perceived by their communities to be most and least successful? What are the characteristics of most and least successful projects, in terms of those success criteria and in terms of smoking prevalence and exposure?

3. How many people participated in community training events? How is this training translating into visible impacts at the community level with respect to the original project objectives?

   3a) How many trainers and community members were trained through these events? What are the characteristics of participants and nonparticipants, and how are these likely to affect training effectiveness? What is the likelihood that this training capacity will be sustainable within each community once the TDRS is finished, and over the medium term?

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[1] As presented in the Request for Proposals and as originally described in *Tobacco Demand Reduction Strategy: Evaluation Framework,* Evaluation Group, Strategic Planning and Review Directorate, Policy and Consultation Branch, Health Canada, May, 1995.

3b) What were the results of training, in terms of the objectives of the TDRS and of the training event initiatives?

4. Was the management and coordination of the MSB component undertaken in an efficient and effective manner?

4a) How well were MSB activities coordinated with other components of the TDRS? What coordination mechanisms were in place, and how were they used?

4b) How well were MSB activities coordinated across activities, i.e., across native organizations and settings, to ensure equity of access to resources among groups and to maximize sharing of knowledge?

4c) How effectively were individual projects planned and managed? Were appropriate resources in place nationally and regionally to ensure efficient and effective management and coordination?

5. Did the research funded through the TDRS provide useful information to plan and evaluate other components of the TDRS?

5a) To what extent was potential utility to program design a criterion for evaluating research project proposals, and how was this criterion applied in the review process?

5b) Can specific instances be documented where program or legislation design was greatly, moderately and not all influenced by TDRS-sponsored research results? What contributed to the differences in the levels of influence? What were the competing sources of influence?

5c) To what extent did principal investigators and research managers feel that the provision of useful information to plan and evaluate other components of the TDRS was an important objective of their work? How did (and do) they plan to ensure that this information is transmitted?

5d) To what extent did the TDRS sponsor research and obtain research results which would not have been funded through other sources? Was the TDRS-sponsored research more successful than other Canadian tobacco-related research in influencing program design, and why?

6. What research has been funded and why? What has been the share devoted to prevention, protection and cessation?

6a) What criteria were used to determine research priorities, and how were those criteria related to program and legislation design needs?

6b) What share, within each of NHRDP and HPPB funds has been devoted to descriptive research (surveys, economic modelling, etc.) as opposed to testing of prevention, protection and cessation interventions?

7. Was the information needed for designing programs, services and message promotion of high quality, and was it provided in a timely fashion?

   7a) Along what paths did information needed for design decisions flow from researchers to program designers? Were these flows direct and rapid, or winding and slow?

   7b) To what extent was information derived from research directly relevant to design considerations? Did extrapolations or adaptations have to occur?

   7c) What factors most influenced the timeliness of the information provided: the structure of the programs, the nature of the research, or others?

8. Was the research initiative successful in collecting good quality data from all priority groups?

   8a) What share of the funded has been devoted to each of the TDRS target groups?

   8b) What proportion in each category were successfully completed?

9. Is there evidence that the research results were used for designing programs, services and message promotion?

10. Has the tobacco control environment changed since the introduction of the TDRS and in what way?

11. In light of trends observed in smoking prevalence and amount smoked since the introduction of the TDRS, is there any evidence showing the connection between the reduction in tobacco taxes in 1994 and tobacco product consumption in Canada (particularly amount youth)?

12. Can the difference in smoking prevalence and consumption among provinces/territories be attributed to price differences?

13. What other factors were influencing the overall tobacco use environment during the course of the TDRS (i.e., promotion)?

14. Has the implementation of the various components of the TDRS been consistent with the original objectives of the TDRS?

15. How and to what extent has the TDRS been coordinated with provincial/territorial and NGOs anti-tobacco activities?

16. Has the TDRS built effectively upon services, programs, and other initiatives that existed prior to February, 1994?

17. Have the various interventions been consistent with, and supportive of, other TDRS interventions objectives? Have the interventions complemented each other to increase the potential impact?

18. How appropriate has been the allocation of resources across the three themes of prevention, protection and cessation?

19. Are the TDRS objectives and interventions consistent with the other priorities and policies of the Department and of the federal government (e.g., Agriculture Canada, Heritage Canada)?

20. What other programs, policies and legislation of the federal government may have had an impact, positive or negative, on tobacco control?

21. What lessons have been learned during the three years of the TDRS?

APPENDIX B.1

Integrated Report: Focus Groups

Integrated Report: Focus Groups

As part of the TDRS evaluation, three focus groups were conducted, one each in Ottawa, Thunder Bay, and Saskatoon. The participants for these groups were all First Nation and Inuit persons involved with the TDRS. The Ottawa group was comprised of members of national organizations, while the remaining two groups were made up of community or tribal organization members. The list of potential attendees was provided by Health Canada, with Ekos arranging for the facilities and moderator.

1. Background and Program Involvement

All members of the focus groups were aware of the TDRS. However, there was a large difference between those persons involved at the national level compared to those at the community or tribal organization level. Persons at the national level were well aware of the scope of the TDRS, how long it had been in existence, and when it would end. They were however, unsure of the history and background of the TDRS. On the other hand, persons at the community or tribal organization level had no idea how long the TDRS had or would be in existence or even how it came about. This may suggest that a thorough dissemination of information regarding the TDRS should have been occurred, and that periodic information packages should have been sent out to each group that received funding.

All the participants were aware of smoking-related activities occurring in their communities prior to the TDRS. These were mainly limited to front-line health workers engaging in sporadic activities as their time and resources allowed. Participants were quick to point out that before, and probably after, the TDRS, there was no concerted effort to combat the use and effects of non-traditional tobacco smoke. They stated that they were all concerned with the health of their people and as such smoking was an important focus for their groups. However, they also stressed that other health and social issues were considered by many to be of greater importance, thus smoking was often not seen as a priority.

2. Allocation and Relevance of TDRS Support

The projects undertaken by the participants involved all four components identified in the framework: prevention (community action); training; policy; and research. At the national level, the emphasis was placed on education and training or research. While some of the national organizations did engage in community action, this was not as prevalent as at the community level. Community and tribal organization members were more likely than their national counterparts to use their funding in support of community action projects.

The decision to engage in the various activities undertaken by each group was arrived at differently. At the national level, most organizations have a committee dedicated solely to health issues, and it was through these committees that decisions were made. At the community level, decisions were often made informally by front-line health staff such as nurses, CHRs or NNADAP workers.

3. Activities and Impacts

a) Community-Based Projects

As mentioned above, the majority of community-based projects were carried out by those participants at the community or tribal council level. These activities included such things as poster contests, anti-smoking materials and newsletters. The main focus of these activities was cessation, with a minor focus on prevention. The main target group at the community level was definitely youths.

There were also some community-based projects engaged in by national organizations. These activities saw community-based persons educated in tobacco-related dangers or trained as community-based researchers. These activities were considered to be community-based projects since they aided in capacity building at the community level.

All participants stated that these community-based projects were very successful, and had positive effects. These included:

- ☐ positive comments from community members;
- ☐ visible reduction in smokers in health centre offices;
- ☐ trainers believed that the training provided gave people further opportunities; and
- ☐ educating community members to be trainers or researchers built capacity in the community.

b) *Training and Education Projects*

The majority of projects undertaken in the area of training and education involved the development and production of Aboriginal specific resource materials for trainers and educators. Some of these materials were:

- ❑ posters;
- ❑ booklets/pamphlets;
- ❑ videos; and
- ❑ training materials.

Training materials for sessions specifically to educate communities on the non-traditional use of tobacco were also a priority. The participants stressed the importance and positive outcomes of these sessions:

- ❑ development of Aboriginal specific resources as there are currently few;
- ❑ aimed mainly at youth;
- ❑ provided opportunity to educate youth on positive aspects of traditional use of tobacco;
- ❑ awareness of harms of non-traditional use of tobacco has increased; and
- ❑ First Nation facilitators were more successful in passing on the message than non-First Nations facilitators.

c) *Research Projects*

Several research projects were undertaken with the TDRS funding. Nationally, two Canada-wide surveys were conducted:

1) To examine smoking perceptions, attitudes, usage, etc. among 10 to 14 year old youths. The survey was administered to approximately 4,000 persons.

2) A wider national survey of various health determinants, including smoking. About 20,000 persons will be interviewed for this project.

One of the national organizations conducted a needs analysis in the area of smoking. Participants involved with the national research projects stated that generally, the results of their research will be used in policy, financial and program planning.

Two of the community or tribal council level organizations used parts of their funding to conduct research. One community's goal was to document non-traditional tobacco use in the community so as to compare it to other Native and non-Native groups. The other community surveyed its high school students to determine how many smoked and why. The major finding was that smoking is more prevalent among young girls than young boys, with girls beginning to experiment as early as nine years of age.

4. Program Management

There was considerable difference of opinion with regard to how well the program was managed by Health Canada. Those at the national and tribal council levels were very pleased with the management of the TDRS. They stated that they had no problems with liaising with MSB officials, nor did they indicate having any problems with the reporting requirements. Most were pleased with the funding arrangements, except that all wished they had more money. One of the national organizations had some trouble receiving funding, and had to get a personal line of credit, for which they paid interest, until their funding came from Health Canada. All had established good working relationships with MSB staff, especially those staff who were First Nation or Inuit. They generally disliked the fact that MSB officials were constantly changing positions, stating that this made it hard to establish a working relationship.

At the community level, however, there was much dissatisfaction with the management of the TDRS by Health Canada. Participants stated that they were not consulted prior to receiving information on the TDRS. They stressed the fact that they are best situated to determine the health needs of their communities, and as such should have been consulted before any type of strategy was put in place. All simply received faxes asking them, "to put together a proposal to get some money", yet most had never heard of the TDRS, why it was implemented, or why they were approached.

Participants were dissatisfied with the way in which they received funding from MSB. They stated that they had to spend their own money first, then get reimbursed. This process sometimes takes more than thirty days, thus communities are forced to pay interest charges on lines of credit or other bridge financing arrangements. They also stressed the lack of funding to combat such a large issue.

All participants at the community level found the reporting aspect onerous. They felt that the amount of paperwork required was too much given the levels of funding they received. They also stated that they felt no one read their reports, especially since they never receive any feedback from MSB. Community level participants also stated that they had no working relationship with MSB officials. Most had never met their project officers, doing everything by phone or fax. Much like the comment at the national level, participants were dissatisfied with the way in which

MSB staff are moved around, making it impossible to develop any type of working relationship.

5. Strengths and Weaknesses

All the participants felt that the strength of the TDRS lay in its attempt to combat such a large issue. They all stated that while it may not have been funded to the levels or time frames they would have liked, at least it had raised awareness levels. Other strengths included the capacity building that went on, as well as the ability of participants to control their own projects under the TDRS. All participants felt that the TDRS was invaluable in "getting out the message" of the dangers of non-tractional tobacco use. They stated that a solid basis had been formed with regard to this issue, and as such any further initiatives would be much easier to facilitate.

The participants pointed out several weaknesses with the TDRS. They all felt that it should have been extended to a 5-10 year strategy. All felt that funding levels were inadequate to combat such a large issue. Participants felt that inflexible time lines were a weakness; March deadlines did not allow participants to be as effective as they could have been. They also pointed out the fact that they were unable to conduct any evaluations of their projects to measure impacts and effects. Participants were also unsure of where all the research findings were going; they felt that there was no follow-up to their activities.

In conclusion, the participants offered the following suggestions to improve the TDRS.

a) General Observations

- ❑ the political and consultative foundations have already been laid, thus any future work could be done much more cost effectively;
- ❑ all health is holistic, and any First Nation and Inuit health strategy should bear this in mind;
- ❑ need baseline data on smoking to compare results against;
- ❑ should use cultural themes as a focus in deterring non-traditional tobacco use;
- ❑ smoking may be generational, or family related, so maybe an emphasis on supporting entire families who are trying to quit;

- more focus on environmental tobacco smoke;
- more consultation among community members before programs and activities are designed;
- treatment should be a major focus;
- communities should develop five year tobacco strategies; and
- evaluations are needed to monitor change.

b) Administration and Funding

- program should be for 5-10 years;
- more money over a longer period of time;
- more lead time between the Request For Proposals (RFP) and the RFP deadline;
- more flexible financial arrangements, i.e., don't have to spend everything by the end of March;
- more flexible time lines in terms of reports;
- NNADAP workers and CHRs are doing the work anyway, so just add funding to their budgets; and
- MSB has too many administrators and levels, by the time the money reaches the community it has been reduced by administrative costs.

c) Resources and Information Sharing

- more information should be supplied regarding the initiative before it begins;
- should develop a resource sharing mechanism. All were very interested in what the others were doing, and suggested some type of information sharing forum, newsletters, magazines annual conferences, etc., to keep everyone informed;

- develop an Internet site for health workers to access information and another for youth;
- posters, pamphlets, etc. need to be periodically updated, so ongoing funding is important;
- health workers found the Community Action Packs (no longer issued by MSB), which contain a host of health-related materials, very helpful;
- participants really stressed the need for a national clearinghouse on Native tobacco-related resources; and
- more consultation with community members to determine what they see their health priorities as being.

d) Children's Issues

- children involved in spiritual activities are not as likely to smoke as those who are not involved, thus spirituality should be a focus in the future;
- focus on why children don't smoke instead of why they do;
- focus on prevention and smokeless tobacco;
- focus could be on children, and getting them to help their parents quit; and
- role models are important and should be integrated into the program.

APPENDIX B.2

Focus Group Moderator's Guide

Evaluation of the Tobacco Demand Reduction Strategy First Nations Focus Group Guide

Introduction

- ❑ As people arrive, the moderator engages them in conversation, offers them refreshments, and makes them feel welcome and comfortable.

- ❑ Before the discussion begins, the moderator briefly introduces himself and explains the purpose of the discussion, mentioning that:

  - ❑ the focus group is being conducted on behalf of Health Canada as part of an evaluation of the Tobacco Demand Reduction Strategy TDRS), put into place at the same time as taxes on tobacco products were reduced;

  - ❑ the overall objective of the TDRS is to counter the expected increases in smoking due to the price decreases and thus prevent smoking related illness

  - ❑ First Nations communities were expected to have special needs in this program because of high rates of smoking and because of their special relationship to tobacco; this part of the evaluation concerns the parts of the TDRS that were directed to First Nations communities

  - ❑ group discussions with other First Nations representatives are being held in two other locations in Canada. Health Canada wishes to receive feedback on the activities carried out with TDRS support, the relevance of those activities, their effectiveness and the overall management of the program.

- ❑ The moderator also explains that:

  - ❑ Participants are encouraged to express their opinions and discuss the issues openly. There are no right or wrong answers, and it is normal that there will be differences of opinion. There is no need to reach consensus, but it is very important that all points of view are heard, that everyone gets a chance to say what they think. Participants should not hesitate to express both positive and negative opinions about the program.

  - ❑ In previous group discussions about anti-smoking programs, we have found that if there are participants who smoke and participants who don't smoke in the group, some of the discussion can get a bit off track to talking about smoking in general. Please keep in mind that we want this discussion to focus on the TDRS at the level of your organizations and communities, not on you as smokers or non-smokers.

- ☐ The moderator's role is to make sure that all the topics that Health Canada wants to hear about are covered and that everyone gets a chance to speak.
- ☐ The discussion will last about four hours. There are four parts: The first part will be about the types of activities the were funded by TDRS and their relevance to your communities, the second part about specific TDRS activities and their impacts, the third part about the overall management of the program and the activities and the last part about alternatives to the TDRS.
- ☐ The discussion is being tape-recorded so that an accurate summary can be made. There may also be observers.
- ☐ No individual will be identified in any of the reports that we make to Health Canada; participants' responses will be held completely confidential.

☐ The moderator then asks each person to introduce himself/herself and his/her organization. Participants are also asked if they would like to begin the session with a prayer.

I. *Background and Program Involvement*

1. Very generally, in what activities supported by TDRS have your organizations been involved?

   a) What is the nature of your organizations' involvement in the TDRS activities?

   b) Are or have your organizations been involved in other smoking-related activities? How were they supported?

   c) Is smoking an important, medium or minor focus of your organizations' activities?

II. *Allocation and Relevance of TDRS Support*

2. The TDRS funds were to be divided across three themes: community action, research, training and education. I have some questions about the division of activities among these three themes:

   a) Within your organizations, were you mainly working on community action, training and education, or research? Roughly what proportion of TDRS funds was used for each?

   - In your communities, were you the only group working with TDRS funds, or were there others? (If there were) Within the community as a whole, was the emphasis mainly on community action, training and education, or research? Roughly what proportion of TDRS funds was used for each?

b) This question is about why those types of projects were chosen. Can you tell me how it was decided in your communities to work on those TDRS projects?

- Do your organizations or communities have specific needs or problems related to tobacco? How were these addressed by the choice of TDRS activities?
- Do your communities have specific strengths or resources that could help make the TDRS projects more successful? How were these taken into account in the choice of projects?
- To what extent were these projects integrated with other ongoing initiatives? Which ones? Why?

III. Activities and Impacts

(The next section deals separately with community-based, training, and research projects. Before beginning, try to assess based on the discussion in Section II, whether participants make a clear distinction between these different types of projects. If they don't, categorize the projects they have previously mentioned in Question 1 by first identifying which specifically and principally focused on training, which specifically and principally focused on research, and leaving the remainder in the community-based category. If only one or two participants were involved in a category, try to pass more quickly through that section so that the others are not sitting around and listening to a discussion not relevant to them.)

Community-based projects

My next questions are specifically about community-based projects.

3. What activities were undertaken with the funds used for community-based projects?

a) What were these activities designed to accomplish?

- Were these activities focused mainly on prevention, cessation or protection?
- To what extent were these activities focused on women in general, pregnant women or youth? Which target groups were most and least reached by these projects? Why?

b) Who participated and did not participate in the planning and implementation of the community-based activities?

- Was there community participation in the planning and implementation? Involvement of people from outside the community?

c) In your communities, did these activities prevent smoking, help people stop, or protect them from tobacco smoke? Why or why not?

- Did these activities have other positive effects in your communities?
- Did the activities have any negative effects in your communities?

d) What specific challenges were encountered within the community-based projects?

- how were these overcome or not overcome?

e) What can be learned from these experiences?

Training and Education Projects

Now, regarding the training and education projects:

4. What activities were undertaken with the funds used for training and education projects?

a) What were the training activities designed to accomplish?

- Were these activities focused mainly on prevention, cessation or protection?
- To what extent were these activities focused on women in general, pregnant women or youth? Which target groups were most and least reached by these projects? Why?

b) Who participated and did not participate in the planning and implementation of the training projects?

- Was there community participation in the planning and implementation? Involvement of people from outside the community?

c) How many trainers were trained through these activities?

- What kinds of people were trained to be trainers? Why?

- Once the TDRS is finished, to what extent will these trainers be able to continue training and education in your community? Is this likely to last indefinitely?

d) How many community members received training through these activities?

- Which target groups (women in general, pregnant women, youth) were most and least reached by these projects? Why?

e) In your communities, did these activities prevent smoking, help people stop, or protect them from tobacco smoke? Why or why not? Will the training activities be able to do so in the future?

- Did these activities have other positive effects in your communities?

- Did the activities have any negative effects in your communities?

f) What specific challenges were encountered within the training projects and how were these overcome or not overcome?

g) What can be learned from these experiences?

Research projects

My next questions are specifically about research projects. (These may have been conducted in conjunction with other activities - ascertain which ones, or what proportion of community-based and training projects had research components. Try to exclude strictly evaluative activities, especially administrative evaluation such as head-counts, satisfaction questionnaires.)

5. What research activities were undertaken with TDRS funds in your communities?

a) What were the objectives of these projects?

- What proportion were aimed at protection, prevention and cessation?

- To what extent were these activities focused on women in general, pregnant women or youth?

b) Who participated and did not participate in the planning and conduct of the research projects?

- Was there community participation in the planning and implementation? Involvement of people from outside the community?

c) How were the results of these projects used?

- Were they used to improve action on smoking prevention, protection or cessation within your communities? Why or why not?

d) What specific challenges were encountered within the research projects?

- how were these overcome or not overcome?

e) What can be learned from these experiences?

IV. Program management

The next set of questions concerns the overall management of the TDRS program, from your point of view.

6. From your point of view, was the TDRS program well-managed by Health Canada?

a) Were there any problems with the administrative aspects of the program - applying and receiving funds, reporting, liaison with Medical Services Branch?

b) Was there coordination between your organization's activities and those of other First Nations Groups? How was this accomplished, at whose initiative?

c) Was there coordination between your organization's activities and those of other components of the TDRS not directed to First Nations communities? How was this accomplished, at whose initiative?

d) Do you feel that individual projects were well-planned and well-managed? Why or why not?

V. Alternatives

7. What is your assessment of the TDRS overall? Have (will) its original objectives been (be) met?

a) What are its strengths and weaknesses?

b) How relevant is the TDRS for your community?

- How important is smoking compared to other priorities in the community?
- How useful is this kind of initiative to your community?

c) If the TDRS had not been introduced:

- Would there have been any other smoking-related activities put into place?
- How would tobacco use in your communities have changed, if at all?

d) Taking into consideration everything we have said so far, do you feel that there are some better ways of achieving the objectives of the TDRS? (Remind participants of the objectives if necessary.)

- What alternative programs would you suggest?
- Why would these alternatives be more effective? Would they be more cost-effective? Why?

8. Do you have any other comments that might improve the delivery or effectiveness of the TDRS?

THANK YOU FOR YOUR PARTICIPATION

APPENDIX B.3

Focus Group Summary: Ottawa

TDRS Focus Group
Ottawa

A focus group was held on February 13, 1997 in Ottawa, Ontario, to discuss various aspects of the Tobacco Demand Reduction Strategy (TDRS). Ten participants were present, representing various national First Nation and Inuit organizations. The following is a synopsis of the discussion, which lasted approximately four hours.

Background and Program Involvement

The participants' involvement with the TDRS includes such projects as:

- development of a five day smoking cessation course manual for Aboriginal peoples;
- development of non-traditional tobacco information materials;
- development of a training manual and resource package on non-traditional tobacco use for health care workers at the community level, and subsequent two day workshop;
- posters, booklets, etc., on non-traditional tobacco use aimed at Aboriginal youth;
- national health survey of on-reserve First Nation and Inuit peoples;
- national study of patterns, perceptions and attitudes of Aboriginal youth ages 10-14, including the training of community researchers; development of a guidelines document on how to reduce non-traditional use in communities.

Some of the organizations had been involved in other smoking-related activities prior to the TDRS, such as awareness campaigns. These activities were either funded internally, or were part of provincial or regional initiatives. The participants' organizations were involved in health, and as such felt that smoking was becoming a major focus of their organizations, and that since the TDRS was introduced, smoking has grown in importance as an issue.

Allocation and Relevance of TDRS Support

The projects the participants were involved with included all three themes of community action, training and eduction and research. The various organizations divided their funding according to their own needs, for example:

1) split funding evenly among all three areas;
2) solely for training and education;
3) used approximately half for training and education, the other half for community action;
4) ten per cent for community action, thirty per cent for research and the remaining sixty per cent went into research;
5) fifty per cent of funding into research, forty-percent into community action and the remaining ten per cent was used in training and education.

As far as the participants were aware, they were they only people working with TDRS funds in their communities.

The decision to engage in the various activities funded by the TDRS was arrived at differently with each organization. One group simply saw tobacco as a problem from its previous research, and saw tobacco as an introductory drug, from which users 'graduated' to illegal drugs. It wanted to raise awareness of non-traditional tobacco use since it "saw traditional use of tobacco as a way of warranting the abuse". Another group formed a national committee comprised of First Nation and Inuit representatives from each region to provide direction on which activities to undertake. Another group's national committee decided to use a national workshop theme so as to reach as many of its members as possible. Two groups were approached by MSB with clear guidelines for projects, which they accepted.

Those participants who were involved with other tobacco activities did not integrate their TDRS activities with other ongoing initiatives. They felt that the problem was so large, each project could easily stand on its own.

Activities and Impacts

Community-based Activities

Three of the organizations used part of their TDRS funding to engage in community-based activities. Two of the organizations trained community members on the dangers of non-traditional tobacco use, which they saw as capacity building at the local level and thus was considered to be community activities. The third group trained community-based researchers to gather data, which it also saw as capacity building. None of the participants were aware of any activities aimed at women in general or pregnant women. with most activities aimed at the community in general. The organization that trained community researchers did so in support of its project to research smoking among 10-14 year old Aboriginal children.

As mentioned above, the decision to engage in each activity was different with each organization. All respondents felt that the community-based activities had positive effects on their communities, especially in the area of awareness. No negative effects were reported.

Training, and Education

Six of the organizations used part or all of their funding for training and education activities. Two devoted their funds to producing information materials such as posters and booklets. Two other groups held national training sessions for its' members. One of these groups, representing community-based health workers, had fifteen individuals attend a train-the-trainer workshop, and they in turn trained approximately 250 other individuals. One group used its funding to train its community-based researchers, and the last group held a health workers conference for information sharing purposes.

All participants felt that the training and education activities were very worthwhile. They stressed that since mostly health workers had been trained, they would continue training and education in the community after the TDRS is finished. However, without dedicated funding, these activities will only occur sporadically, depending on other issues in the community.

Research

Three of the groups allocated portions of their TDRS funding towards research. The first is conducting an on-reserve survey of about 20,000 persons, looking at health indicators, including smoking, in all regions of Canada. Another group has finished a national survey of approximately 4,000 on-reserve children between the ages of ten and fourteen. The third organization conducted a needs analysis of community members, including youth, in the area of tobacco.

As mentioned above, each organization decided to engage in research activities based on different criteria. The planning and conduct of the activities was mostly done through each organizations infrastructure. Two of the projects consulted directly with community members, including Elders and youth. The group which surveyed children contracted an international organization with prior experience in surveys of that type. The results of the projects will be used in policy, financial and program planning.

Program Management

The group felt that the TDRS was very well managed by Health Canada. No one had any trouble applying for funds, but one group had difficulty in receiving funding at regular intervals. The group had to obtain its own line of credit to finance the project until the TDRS funding came through. Reporting was not seen as a problem. Liaising with MSB officials was particular rewarding, with all groups reporting much support and encouragement. They also pointed out that MSB officials who were First Nation or Inuit seemed to be the best. One problem discussed was the inability to develop working relationships with MSB officials since the primary contact person was always changed. One participant suggest that MSB may be doing this on purpose to further their own purposes. The participant reiterated that relationships are very important to First Nation and Inuit peoples, and as such MSB should foster these whenever possible.

There was no formal coordination between any of the organizations. However, informal networking was carried out between some of the individuals at each organization. The participants felt that the individual projects were well planned and well managed, especially given that most had control over their own funds and activities. Many commented on how this was the first time Aboriginal groups were allowed such flexibility, and suggested that this was a key to each project's success.

Alternatives

Participants felt that the objectives of the TDRS would not be met due to its short life span. This was considered one of the major weaknesses of the program. Inadequate funding was also seen as a weakness. Organizations would have liked to conduct evaluations to determine the success of their projects, but did not have the time or funding to do so. Other organizations stressed the need for additional funding for translation purposes. Participants were also unsure of where all the research was going; they felt that there was no follow-up to their activities.

All participants felt that the inflexible time lines were also a major weakness. They suggested that funding be allowed to roll over to the next fiscal year. Respondents stated that March 31 deadlines often did not allow them to be as effective as they would have liked.

The participants felt that the TDRS was very relevant to their organizations and communities. They stated that smoking was not very important compared to other priority health and social issues. However, they felt that the TDRS had done a tremendous job in elevating the status of smoking as a priority issue in communities. All participants stated that without the TDRS, no smoking-related activities would have taken place, and tobacco use in the communities would not have changed at all. Other strengths included the capacity building at the community level, as well as the increased levels of awareness amongst community members. Participants also mentioned the ability to control their own projects as a major strength of the TDRS initiative.

In conclusion, the participants offered the following suggestions to improve the TDRS:

☐ all health is holistic, and any First Nation and Inuit health strategy should bear this in mind;

☐ children involved in spiritual activities are not as likely to smoke as those who are not involved, thus spirituality should be a focus in the future;

☐ focus on why children don't smoke instead of why they do;

☐ focus on prevention and smokeless tobacco;

☐ role models should be used;

☐ the political and consultative foundations have already been laid, thus any future work could be done much more cost effectively;

☐ should develop a resource sharing mechanism. All were very interested in what the others were doing, and suggested some type of information sharing forum, newsletters, magazines, annual conferences, etc., to keep everyone informed;

☐ develop an Internet site for health workers to access information and another for youth;

☐ program should be for 5-10 years;

☐ need baseline data on smoking to compare results against.

APPENDIX B.4

Focus Group Summary: Thunder Bay

Focus Group
Thunder Bay

A focus group concerning the Tobacco Demand Reduction Strategy (TDRS) was held on February 14, 1997, in Thunder Bay, Ontario. Although six participants had confirmed their attendance, only three were present. Nonetheless, a valuable discussion was held regarding the effects of the TDRS at the community level. What follows is a synopsis of the focus group proceedings, which lasted approximately three hours.

Background and Program Involvement

All three participants were familiar with the TDRS, having been involved with the program at the community level. They had used their funding for a variety of projects, which will be discussed in the following section. All participants stated that their respective organizations were involved in other smoking-related activities, supported mostly through health funding received from the federal government at the community level. They were quick to point out that although funding (non-TDRS) may not have been specifically targeted for smoking-related activities, front line health workers (CHRs, NNADAP, etc.), recognized the ramifications of non-traditional tobacco use. Activities by health workers are limited to information dissemination, mainly in the areas of cessation and smoking during pregnancy. Participants stated that while smoking was a major concern, due to financial limitations and other priorities, smoking was a minor focus of their organizations.

Allocation and Relevance of TDRS Support

The projects the participants were involved with included all three themes of community action, training and education, and research. One organization allocated all its funding to community action, another split its funding between community action and training and education, and the remaining organization allocated about sixty per cent of its funding to research, with the remaining forty per cent used for community action.

The decisions to engage in the various projects were made differently by each organization. One community decided to stage a community workshop, based on the fact that they only received approximately $200.00, and wanted to reach the most people possible with that amount of funding. Another community decided to engage in both research and community based activities after conversations were held with front line health workers. The other organization, a tribal group, approached its health committee members, who allocated their funding towards research and community-based action.

While none of the participants stated that any specific needs or problems related to tobacco shaped their decisions, they all agreed that non-traditional use of tobacco was a major problem for most First Nation communities. They stated that the major strength of communities lay in their Elders, who could help instruct on the traditional use of tobacco. However, the participants also stated that many Elders are themselves smokers, thus making it hard to use them as effective role models.

As mentioned above, the respondents stated that their activities were integrated with other ongoing initiatives, although these initiatives were very minimal.

Activities and Impacts

Community-based Projects

All three organizations engaged in community-based activities. These included: a workshop open to the entire community focusing on smoking issues, a newsletter containing information on tobacco and available resources, and promotional items aimed at youth such as water bottles and a "Smokers Survival Kit" containing such items as chewing gum and an information pamphlet.

All the community-based projects were aimed at prevention, with a minimal focus on cessation. The target group for these activities included all community members. However, participants pointed out that youth were a possible target group, since stopping smoking before it begins was seen as essential. Participants felt that those least reached by these projects were middle-aged smokers, or people who had been smoking for a considerable period of time. There was no mention of any specific effort to reach women in general or pregnant women.

As mentioned above, participation in the planning and implementation of the community-based activities were mainly limited to health staff. The participants felt that the activities did have a positive effect on their communities, in that people were now more aware of the problems associated with non-traditional tobacco use, as evidenced in their conversations with community members. No negative effects were encountered. Participants felt that it was too early to determine if their activities had any effect on preventing smoking, helping people stop, or protecting them from tobacco smoke. They could all see the need to conduct an analysis to measure the success of their activities, but did not have the resources to do so.

Training and Education Projects

One organization used part of its TDRS funding to engage in a training workshop. Notices were sent out to the various communities that this tribal organization represents, and interested persons were brought to a central location. A two day train-the-trainer session was held using Native facilitators, during which twenty individuals received training in the area of non-traditional and traditional tobacco use. These persons were then encouraged to return to their respective communities and train others. Those trained were not chosen specifically, rather they were simply interested in receiving the training. Due to a lack of resources, no follow-up has been done to see if in fact this has occurred.

All participants stated that since community health workers had perceived a problem with nontraditional use of tobacco before the TDRS, they were sure that training and education would continue after the Strategy was over. However, without dedicated funding, these activities will only occur on an *ad hoc* basis.

Research Projects

One of the communities used approximately sixty per cent of it's TDRS funding to conduct research. The objective of the research was to "...describe the degree of non-traditional tobacco use in the community in comparison to others.". The research was carried out by an outside Native consultant. Members of the community participated in several focus groups in order to determine why people smoked, so as to solicit opinions on possible activities aimed at curbing non-traditional tobacco use.

Of the five recommendations made in the report, only one has been carried out to date. That involved a community awareness campaign comprised of the pens, cups, water bottles, "Smokers Survival Kit", etc., mentioned above. However, the community has allocated approximately $1,000.00 from its health budget to put on a health fair where tobacco use will be a main focus.

The only challenge mentioned by the participant, and reiterated by the others, was a lack of First Nation-specific resources on tobacco use. By this, the participant meant cessation programs, videos, posters, pamphlets, etc.

Program Management

The community members felt that the TDRS program was not very well managed by Health Canada. All the participants' organizations had been approached to "put together a proposal to get some money", without having the time to consult community members properly. Funding was only available for one year, and all participants had thought the Strategy had ended in 1996 when their funding ran out.

Respondents stated several difficulties with the flow of funding, and all stressed the lack of adequate funding to combat such a large issue.

Reporting was seen as a major problem by all participants. They stated that they felt that no one read their reports, especially since they never received any feedback from MSB. While one member of the focus group had no problems liaising with MSB officials, the other two had considerable difficulties. These ranged from never being able to speak directly with their project officer (such as always getting an answering machine), to a lack of consultation on program content or direction . The major complaint was the high turnover rate at MSB. The main contact person changed several times, and as such it was impossible to develop any type of working relationship. They attributed much of this to the current restructuring going on at MSB at the regional and zone levels.

Alternatives

Participants felt that the objectives of the TDRS would not be met, due to its short life span. All the projects were only funded for one year. Participants suggested that a minimum five year strategy be implemented, with an evaluation component at the local level being instituted at the end.

The participants felt that the strengths of the TDRS lie in its attempt to combat a serious issue in First Nation communities. They all stated that while it may not have been funded to the level or time frames they would have liked, at least it was a beginning. Its weaknesses have already been mentioned, the major ones being funding and duration.

All participants felt that the TDRS was very relevant to their communities. When asked if smoking was important compared to other priorities in their communities, all answered no. They stressed that community leaders, health workers and members all saw other social issues as having greater importance. However, one participant felt that smoking may be an introductory drug, and as such should receive the same attention as any other drug. The participants felt that the initiative had been very useful, and if it had not been introduced, tobacco use in their communities would not have been changed at all. One person reported that seven of nine smokers in their office had quit since the TDRS had been introduced in the community. Others attribute the TDRS to raising awareness so that some public buildings in the community have become smoke-free, or at least the issue has been raised.

In conclusion, the participants offered the following suggestions to improve the TDRS:

❑ more money over a longer period of time;

- posters, pamphlets, etc. need to be periodically updated, so ongoing funding is important;
- health is holistic, and as such the TDRS activities should be integrated into other health related initiatives;
- focus could be on children, and getting them to help their parents quit;
- should use cultural themes as a focus in deterring non-traditional tobacco use;
- role models are important and should be integrated into the program;
- health workers found the Community Action Paks (no longer issued by MSB), which contain a host of health-related materials, very helpful; participants really stressed the need for a national clearinghouse on Native tobacco-related resources.
- more lead time between the RFP and the RFP deadline;
- more flexible financial arrangements, i. e. don't have to spend everything by the end of March;
- more flexible time lines in terms of reports;
- smoking may be generational, or family related, so maybe an emphasis on supporting entire families who are trying to quit;
- more focus on environmental tobacco smoke;
- more consultation among community members before programs and activities are designed;
- treatment should be a major focus;
- communities should develop five year tobacco strategies;
- NNADAP workers and CHRs are doing the work anyway, so just add funding to their budgets;
- should build on the foundations and processes already established;
- evaluations are needed to monitor change.

APPENDIX B.5

Focus Group Summary: Saskatoon

TDRS Focus Group
Saskatoon

A focus group was held on February 18, 1997 in Saskatoon, Saskatchewan, to discuss various aspects of the Tobacco Demand Reduction Strategy (TDRS). Nine participants were present, representing six First Nation communities and two tribal organizations. The following is a synopsis of the discussion, which lasted approximately three and one-half hours.

Background and Program Involvement

The participants' involvement with the TDRS included such projects as:

- ☐ survey of high school students;
- ☐ survey of students in grades 4 and 5, which included the use of talking circles;
- ☐ four day workshop aimed at youth in the community;
- ☐ two one-day workshops aimed at youth in the community;
- ☐ four one-day workshops aimed at youth in the community;
- ☐ mini workshops in the schools;
- ☐ workshops for all community members;
- ☐ poster contest

None of the participants were aware of any other smoking-related activities in their communities prior to the TDRS, with the exception of informal information dissemination by local health workers. The participants felt that smoking was a relatively minor focus of their organizations, given that other health and social issues are considered by many to have more importance.

Allocation and Relevance of TDRS Support

The projects the participants were involved with included all three themes of the TDRS: community action, training and education and research. Two of the organizations had allocated their funding for research projects in the form of undertaking surveys of children. One organization used its funding for community action, in the form of a poster contest. Five of the organizations used their TDRS funding for workshops: four aimed at youth and one for all community members.

The decisions to engage in the various projects was arrived at differently with each organization:

- ❑ the two tribal organizations used input from their health committees;
- ❑ two communities used information supplied by their NNADAP workers;
- ❑ another community consulted with its health staff and Elders;
- ❑ two of the organizations reached decisions after meetings were held with their inter-agency groups, comprised of Elders, politicians, community representatives, health workers, RCMP officers, etc.; and
- ❑ one community conducted an informal survey of Elders.

As in the other community-based focus group, none of the participants stated that any specific needs or problems related to tobacco shaped their decisions around activities. However, all agreed that non-traditional use of tobacco was a major problem in First Nation communities. They stated that the strengths of their communities lay in their Elders and the spiritual and traditional teachings these individuals could offer.

The participants stated that the activities carried out under the TDRS were not integrated with other smoking-related activities in the communities. This was because other activities were only carried out by health workers sporadically, with no clear direction, and the health workers had no clear mandate to conduct such activities.

Activities and Impacts

Community-based Projects

One organization used its funding for community-based activities. This was comprised of a poster contest for school aged children. The best poster was given a prize, and the poster was displayed in the school. The activity was aimed at prevention in school-aged children. The participant stated that he received positive feedback from the contest, and would hope to make it a yearly event. He was unsure if the activity had any impact, as no follow-up was done regarding this project.

Training and Education

Several organizations used their TDRS monies for training and education activities. These were mostly in the form of workshops, ranging from half-days to four days in duration. These workshops were mainly aimed at youth in high school, while one organization focused on grades four and five. The exception to this was the one organization that held a workshop open to the entire community.

All these activities were aimed mainly at prevention, with a minor focus on cessation. No one mentioned protection as a workshop topic. As stated above, the main target group for these activities were youth, with no mention being made of any special provisions made to reach women in general or pregnant women.

All felt that the workshop format was very successful, as they received positive comments from the workshop participants. They attributed this to using Elders and other community-based resources. The communities did encounter some negative effects when using outside resources. Two of the organizations had outside speakers come into the workshop. These people were not very well received, and participants commented that they would not use non-Native outside resources again. However, one organization did bring in a Native dramatist who was received extremely well, and was highly recommended for future activities,

As stated above, the participants had no way of determining the success of their activities since no evaluations were conducted. They were sure that health workers would continue educating community members on the dangers associated with non-traditional tobacco use, but without dedicated funding this would only happen sporadically.

Research Projects

One of the communities allocated its TDRS funding to conducting a survey of high school students. The objective of the research was to determine smoking patterns and reasons why these people smoked. The research was carried out by local community health workers. The major finding of the research was that smoking among young girls was more prevalent than young boys, with girls beginning to experiment with tobacco as early as nine to eleven years of age.

Program Management

None of the participants felt that the TDRS was well managed by Health Canada. They all received invitations to submit proposals by fax, with no consultation or background information being supplied previous to this request. They stressed the fact they are best situated to determine the health needs of their communities, and as such should have been consulted before any type of strategy was put in place. One participant was also offended by the wording of the TDRS, stating that tobacco was not a problem in Native communities, but that smoking was. He further elaborated that there was no need to reduce traditional tobacco use in Native communities, and that the TDRS should have been more explicit in its wording.

Participants were dissatisfied with the way in which they received funding from MSB. They stated that they have to spend the money first and then get reimbursed. This process sometimes takes more than thirty days, thus communities are forced to pay interest charges on lines of credit or other bridge financing activities. The two tribal organizations stated they had good working relationships with MSB, so liaising was not a problem. The other participants stated they seldom spoke to MSB officials, receiving everything by fax or mail. Many had never spoken to anyone personally in MSB regarding the TDRS or their projects. Most felt that the amount of paperwork required was too much when given the levels of funding they received.

Alternatives

Participants felt that the TDRS would not meet its objectives given its short life span. All the projects were only funded for one year, which the participants felt was too short. They were also dissatisfied with the level of funding they received. They suggested that perhaps the funding for projects such as TDRS could be amalgamated with other MSB funding so that it would have more of an impact. They also suggested that perhaps funding should flow from MSB on a quarterly basis, with the organizations submitting reports back at the same intervals.

The participants felt that the strength of the TDRS lay in its attempt to combat such a prolific problem in First Nation communities. They stated that its major success was the increased level of awareness that was generated by their activities. The weaknesses of the TDRS have already been mentioned above, mainly funding and duration. Another weakness identified was that there was no follow-up or continuity; participants were unsure of what to do, or what was being done with all the information generated as a result of their activities.

All participants stated that the TDRS was relevant to their communities. When asked if smoking was important compared to other priority issues in the community, however, all answered no. They stressed that other social and health issues were perceived as having a greater focus than smoking.

However, they were quick to point out that health is a holistic matter, and as such one aspect is just as important as another. The participants felt that the TDRS had been very useful, and if it had not been introduced, no other smoking-related activities would have taken place, other than the *ad hoc* activities of community-based health workers.

In conclusion, the participants offered the following suggestions to improve the TDRS:

- ❑ MSB has too many administrators and levels, by the time the money reaches the community it has been reduced by administrative costs;
- ❑ provide more and longer term funding;

- health is holistic, and as such the TDRS activities should be integrated into other health-related initiatives;

- cultural and spiritual themes should be a focus of future programs;

- more information should be supplied regarding the initiative before it begins;
- more consultation with community members to determine what they see their health priorities as being;

APPENDIX C.1

Integrated Report: Review of Research

Ekos Research Associates Inc., 1997

Integrated Report: Review of Research

This appendix focuses on the research funded by TDRS. A total of 30 research projects were funded under the TDRS: 16 through the Health Protection Branch (HPB) and 14 through the National Health Research and Development Program (NHRDP). Of the 16 HPB projects, five were cancelled. The reasons behind the cancellation of these projects are unclear, although comments from those involved in the projects suggest that at the time the decision was made about which projects to cut, these five projects were all still in the planning stages with the actual work (e.g., survey, workshop) yet to be initiated. The extent to which this was the reason for their being cancelled is not known. While some of these projects were able to continue using other funding, they were not reviewed for this evaluation as their results and outcomes are not attributable to TDRS.

Methodology

The evaluation methodology consisted of:

- ❑ A review of project files for all remaining 25 research projects (11 HPB and 14 NHRDP), focusing on the information relevant to the evaluation questions. Data were entered into a computerized database as each file was reviewed.

- ❑ Follow-up telephone interviews with the project manager identified in the files as the person who held greatest administrative responsibility for the implementation of the project for the longest duration. Data entry from the interviews was added to the same computerized file as the file review data. Interviews were not conducted with stakeholders or clients as they were not within the scope of this component. It should be noted that, as we only talked to project managers, there is a possibility that the findings based on the interviews will be biased.

In some cases it was not possible to reach project managers or they declined participation. In those instances, we contacted the Health Canada personnel most closely involved in the project and conducted the interview with them. For the purpose of this report, the comments of Health Canada personnel will be included with those of other project managers and will not be delineated. If, however, a specific comment of a Health Canada representative is cited, then it will be noted that the comment was made by a Health Canada representative.

A summary of the review of the research findings is presented in Table 1. A discussion of these findings by evaluation issue is presented in the following sections. When reviewing the statistics presented in this chapter, it should be kept in mind that the numbers are very small (e.g., one NHRDP project is seven per cent of all NHRDP projects).

Effects of Research on Other Components of TDRS

One of the purposes of the research activities funded through TDRS was to provide information that would assist in the designing of programs and the evaluation of other TDRS components. Approximately half of the eleven project managers of the HPB research projects indicated that this was an important objective of their research. One manager, for example, noted that evaluating one of the components of TDRS (i.e., enforcement component) was the primary objective of their project (*Regulatory Compliance Monitoring*). Two other project managers indicated that the focus of their research was on policy and legislation as opposed to program design and evaluation. One project, for example, analyzed the extent to which government can influence total cigarette demand by controlling only price (*Econometric Study — Taxation, Smuggling and the Demand for Cigarettes in Canada*). While the remaining HPB projects did not have program design, evaluation or policy as their focus, they were still linked to TDRS objectives. One of the projects, for example, was originally undertaken to get a quick overview of some of the implications of the tax cut (*Survey on Smoking in Canada*). For those projects which had the designing of programs and the evaluating of TDRS components as an objective, project managers indicated that this objective was taken into account during the planning stages.

Compared to HPB research projects, over two-thirds of NHRDP research project managers indicated that the designing of programs and the evaluating of other TDRS components was an important objective of their research. One project manager, for example, stated that results from their project were intended to feed into specific programs dealing with ethnic groups (*Cultural Factors in Tobacco Use Among Ethnic Groups*). As with the HPB projects, a couple of project managers indicated that, while the designing of programs or the evaluating of components was not an objective, their research was developed with TDRS objectives in mind. One project, for example, collected information on what smokers feel they need to quit smoking (*Smoking, Smoking Cessation, Tobacco Control and Programming: A Qualitative and Quantitative Test*). Almost all of those for whom the designing of programs and the evaluating of other TDRS components was an important objective, indicated that this objective was taken into account during the planning stages. One of the project managers, however, indicated that this need was not taken into account during the planning stages as their research project was not originally intended to be a TDRS funded project.

TABLE 1
Summary of the Review of Research Findings

Project Name	Purpose	Amount of Funding	Target Group	Type of Research	Duration (months)	Completed/ Ongoing	Successfully Completed*
Health Protection Branch							
Regulatory Compliance Monitoring**	1. To monitor compliance levels of retailers with respect to the TSYPA and Provincial Sales to Minors Legislation 2. Information will serve to develop retailer information initiatives and to target enforcement strategies	$69,000	Other: - retailers	Descriptive: - surveys Testing of Protection Interventions	21	Completed	Yes
Nicotine and Constituents of Tobacco and Tobacco Smoke	1. To determine changes in concentrations of nicotine, additives, heavy metals, pesticides and constituents of smoke from harvested tobacco to consumption 2. To develop standard methods for collection and analysis of chemicals in either tobacco or tobacco smoke	$1,070,000	General Public: - smokers - non-smokers - government - researchers - policy Makers Other: - manufacturers of tobacco products	Descriptive: - defining chemical toxicity of specific brands of cigarettes - evaluation of tobacco smoke yields & their determinants - physical examination of the proportions of the various sections of tobacco leaf used in cigarette construction	22	Completed	Yes
Econometric Study — Taxation, Smuggling and the Demand for Cigarettes in Canada	To evaluate the impact of price reductions and other tobacco control measures such as advertising bands, health warning messages and health promotion on tobacco consumption	$26,000	General Public	Descriptive: - econometric analysis of existing data - examination of time series data - literature review	16	Completed	Yes

[*] The criteria used to determine if a project had been successfully completed was whether the project manager felt that they had met all their objectives, thereby providing them with the required information.

[**] These projects also received A-base funding. The funding indicated is TDRS funding only.

Project Name	Purpose	Amount of Funding	Target Group	Type of Research	Duration (months)	Completed Ongoing	Successfully Completed*
Health Protection Branch							
Youth Smoking Survey	To produce estimates of Canada's smoking population, specifically children and youth 10 to 19 years of age, regarding their attitudes towards smoking and their use of tobacco products	$1,735,000	Youth	Descriptive: - telephone survey - face-to-face survey	16	Completed	Yes
Retailer Survey	To determine retailer awareness and understanding of the TSYPA and Provincial Sales to Minors Legislation	$136,000	Other: - retailers	Descriptive: - survey Testing of Protection Interventions	27	Ongoing	N/A
Legislative and Regulatory Review / Tobacco Control Blueprint Papers**	To conduct a literature review on the analysis of restrictions regarding access by minors	$564,000	Youth Other: - civil servants preparing Bill C-71, tobacco retailers	Descriptive: - literature review	12	Ongoing	N/A
Survey on Smoking in Canada	To measure the levels and changes in cigarette smoking behaviour over the 1994-95 fiscal year	$1,200,000	Youth General Public: - population 15+	Descriptive: - survey	12	Completed	Yes
Update of Tobacco-Related Health Impacts	To develop Canadian-specific data on cancer risks and overall mortality which will be useful in developing and evaluating tobacco control programs	No funding per se, only personnel time	General Public	Descriptive: - secondary data analysis	12	Completed	Yes
Estimate for Tobacco-Related Health Impacts Using Canadian Data**	To estimate overall mortality/morbidity attributable to active and passive smoking health outcomes	$193,000	General Public	Descriptive: - secondary data analysis	5	Completed	Yes

Project Name	Purpose	Amount of Funding	Target Group	Type of Research	Duration (months)	Completed/ Ongoing	Successfully Completed*
Health Protection Branch							
Tobacco Industry Marketing Campaign	1. To monitor a tobacco industry campaign using standard industry practices (tracking, purchases. etc.) in order to determine effect of campaign on attitudes and behaviours towards tobacco 2. To see whether advertising encourages brand switching, provides information, encourages new smokers or condone smoking	$173,960	Youth General Public: - population aged 12 years to 25	Descriptive: - survey	4	Completed	Yes
Packaging of Tobacco Products**	1. To evaluate the role of packaging as an inducement to purchase tobacco products 2. To develop a protocol for evaluation of packaging 3. To design packaging for tobacco products that will make the product less attractive	$546,000	Youth	Testing of Prevention Interventions	9	Completed	Yes
National Health Research and Development Program							
Smoking and Back Pain: A Health Issue	To estimate the extent to which smoking is independently associated with the prevalence, frequency and intensity of back pain, and related disability and handicap from back pain after accounting for important potential confounding factors	$23,793	General Public - adults Other: - people with sclerosis (abnormal hardening of body tissue)	Descriptive: - literature search - multivariate analysis of existing data base on back pain derived from a retrospective cohort study	12	Completed	Yes
Evaluation of a Community-Based Smoking Cessation Initiative	To evaluate the effectiveness of the "Quit and Win Challenge" program being run in the Kingston, Frontenac, Lennox and Addington County	$23,900	Other: - program designers, research community	Descriptive: - observational study Testing of Cessation Interventions	12	Completed	Yes

Project Name	Purpose	Amount of Funding	Target Group	Type of Research	Duration (months)	Completed/ Ongoing	Successfully Completed*
National Health Research and Development Program							
Cultural Factors in Tobacco Use Among Ethnic Groups	To understand: 1. the cultural and social values and practice associated with tobacco use in each group 2. changes in tobacco use that may have occurred in association with immigration 3. the group's perceptions of the health risks of tobacco use and the benefits or difficulties of smoking cessation	$164,854	Priority Resistant Groups: - immigrants	Descriptive: - telephone survey - focus groups	9	Completed	Yes
Survey of Federal, Provincial and Territorial Legislators Regarding Tobacco Control Policies	1. To determine how federal, provincial and territorial legislators view tobacco as a commodity and as a health hazard 2. To determine how they regard legislation / regulation as part of a comprehensive tobacco control strategy	$265,381	Other: - health groups interested in tobacco control	Descriptive: - survey - consensus data - data from parliamentary guide	16	Ongoing	N/A
Pilot/Feasibility Project: Forecasting Reduced Smoking Behaviour for Effective Initiation of Treatment Interventions in Male and Female Inmates	1. To examine the unique factors that contribute to smoking behaviours among this population group 2. To evaluate smoking cessation interventions that have been employed to reduce the overall prevalence of this behaviour	$29,869	Priority Resistant Groups: - Aboriginals General Public: - community Other: - male and female inmates, elderly, schizophrenics	Descriptive: - autocorrelation analysis - secondary data analysis	15	Ongoing	N/A

Project Name	Purpose	Amount of Funding	Target Group	Type of Research	Duration (months)	Completed/ Ongoing	Successfully Completed*
National Health Research and Development Program							
A Family Practice Based on Personalized Smoking Cessation Intervention with Telephone Counselling	To evaluate smoking cessation interventions in the family practice setting	$199,983	General Public: - patients of family physicians Other: - physicians	Testing of Cessation Interventions	15	Ongoing	N/A
Grade 8 Students: Factors Influencing Decisions to Continue Smoking	To identify current trends in smoking prevalence and usage patterns among grade 8 students	$76,924	Youth	Descriptive: - focus groups - interviews - survey	15	Ongoing	N/A
A Case Study of Risk Factors for Lung Cancer: Interactions Between Smoking and Occupational Exposures	To investigate the role of occupational exposures in causing lung cancer and evaluate the interaction between each risk factor identified and smoking	$848,383	General Public Other: - working people	Descriptive: - survey	34	Ongoing	N/A
Smoking, Smoking Cessation, Tobacco Control and Programming: A Qualitative and Quantitative Test	1. To obtain information from former smokers about how and why they quit smoking 2. To obtain information from smokers as to why they continue to smoke and what might help them to stop	$199,840	General Public Other: - tobacco control community	Descriptive: - focus groups - survey - interviews	15	Completed	Yes
An Economic Analysis of Poor Smokers in Canada	1. To describe the impact of smoking on family living standards 2. To estimate the effects of tobacco tax increases on smoking and family welfare	$198,714	Priority Resistant Groups: - low income	Descriptive: - secondary data analysis	15	Completed	Yes
Smoking Cessation Group for Schizophrenia	To evaluate the effectiveness of the smoking cessation program of the Alberta Lung Association The results will be used to modify the program in order to meet the needs of schizophrenics	$40,253	Other: - schizophrenics	Testing of Cessation Interventions	15	Ongoing	N/A

Project Name	**Purpose**	**Amount of Funding**	**Target Group**	**Type of Research**	**Duration (months)**	**Completed/ Ongoing**	**Successfully Completed***
National Health Research and Development Program							
A Test of Cohen's Hypothesis	To test Cohen's hypothesis which implicates pulmonary dysfunction as an underlying factor which contributes to an increased risk of developing neoplastic tumours at diverse sites and other adverse health effects including heart disease among cigarette smokers and individuals occupationally exposed to agents which may cause lung damage	$22,159	General Public: - individuals who have participated in research studies & service projects in the division of pulmonary medicine & the centre for Agri. Medicine, Dept of Medicine, University of Saskatchewan	Descriptive: - secondary data analysis	7	Ongoing	N/A
Les déterminants de l'intégration de l'approche écologique dans les programmes de lutte contre le tabagisme des organisations de santé publique au Canada	1. To examine the degree of integration of the ecological approach of tobacco reduction programs, aimed at six to 17 year olds, implemented by health organizations in Canada 2. To identify the characteristics associated with a greater integration of the ecological approach	$183,671	Youth General Public	Descriptive: - survey	15	Ongoing	N/A
Evaluation of a Smoking Relapse Prevention Intervention for Postpartum Women	1. To compare two interventions that have been designed to assist women to maintain smoke-free lifestyles following pregnancy	$199,991	Women: - postpartum women	Testing of Cessation Interventions	15	Ongoing	N/A

By the time the follow-up interviews with project managers had been completed, nine of the 11 HPB projects and five of the 14 NHRDP projects had been successfully completed. For the purpose of this study, successful completion, as noted at the end of Table 1, was determined by whether or not the project managers felt they were able to meet all of their objectives, providing them with answers to the research questions they were posing. Some of both the HPB and the NHRDP projects had finished the data collection phase, but there was no final report yet on file. Also, despite the fact that all research projects were to be completed by March 31, 1997, some of the NHRDP projects received notices during the last week of March indicating their deadline had been extended until the end of June. It was the opinion of project managers whose research was yet to be completed that their projects would meet or exceed their objectives.

For those projects that have been completed, as well as some of the others, a number of outcomes were noted both in the files and during the follow-up interviews. Some of the specific outcomes/results of the projects include:

- ❑ *HPB Research Projects*
  - identified age and gender of teens that are more prone to having cigarettes illegally sold to them (*Regulatory Compliance Monitoring*)
  - showed the extent to which government can influence total cigarette demand by controlling only price (*Econometric Study — Taxation, Smuggling and the Demand for Cigarettes in Canada*)
  - showed the importance of monitoring tobacco products on a continuous basis for toxic chemicals (*Nicotine and Constituents of Tobacco and Tobacco Smoke*)
  - published articles (e.g., *Taxation, Smuggling and Demand for Cigarettes in Canada: Evidence from Time Series Data; Econometric Study — Taxation, Smuggling and the Demand for Cigarettes in Canada*)
  - proved mortality rate among women for heart disease is on the rise and is directly related to tobacco (*Estimate for Tobacco-Related Health Impacts Using Canadian Data*)

- ❑ *NHRDP Research Projects*
  - provided ammunition for legislation — particularly at the municipal level (e.g., results influenced Toronto By-law regarding smoking in restaurants and bars) (*Smoking, Smoking Cessation, Tobacco Control and Programming: A Qualitative and Quantitative Analysis*)
  - provided an organization with objective data from which to make policy and program decisions (*Evaluation of a Community-Based Smoking Initiative*)
  - published articles (e.g., *The Effect of Tobacco Tax Cuts on Cigarette Smoking in Canada; An Economic Analysis of Poor Smokers in Canada*)
  - provided information regarding the best time to reach immigrant populations (*Cultural Factors in Tobacco Use Among Ethnic Groups*)

Almost all HPB project managers felt that their research results would have at least some influence on project or legislation (federal and municipal) design, although some felt it was too early to know for certain. Some project managers were even of the opinion that their research results had already greatly influenced project and legislation design. For example, the project manager of the study on tobacco constituents felt that the results from this study had had an "astronomical" effect as they led to the uncovering of Agriculture Canada's role in developing high nicotine plants which was picked up by CTV. Other examples include the influence projects have had on Bill C-71 (i.e., *Survey on Smoking in Canada, Tobacco Blueprint Papers*) and the potential influence on program design based on research findings which indicate the geographic areas where compliance to the Tobacco Sales to Young Persons Act (TSYPA) is not high (*Regulatory Compliance Monitoring*).

As with the HPB projects, NHRDP managers are also of the perception that their research findings will have at least some influence on project or legislation design, although a few managers indicated that it was still too early to know for certain. For example, the results of one study which indicated that people want more restrictions on smoking in public areas were used to support legislation in Toronto regarding smoking in restaurants and bars (*Smoking, Smoking Cessation, Tobacco Control and Programming: A Qualitative and Quantitative Test*). Results of research projects have also had, or have the potential to have, an effect on cessation programs. For example, one manager indicated that the results from his project caused a cessation program to be cancelled (*Evaluation of a Community-Based Smoking Initiative*). It was the opinion of a Health Canada representative that the results from another evaluation would enable the development of cessation programs which meet the needs of schizophrenics (*Smoking Cessation Group for Schizophrenia*). Finally, in terms of prevention programs, the results of another study provided information as to when is the best time to reach immigrant populations regarding tobacco consumption (i.e., when first entering Canada) (*Cultural Factors in Tobacco Use Among Ethnic Groups*).

The importance of the TDRS research projects to the design and evaluation of TDRS components is somewhat dependent on the availability of information from other resources which can be used for that purpose. Awareness of other Canadian tobacco-related research and its influence on program design and legislation varied amongst project managers with a few being very knowledgeable (particularly Health Canada representatives). Others, while unable to cite specific research, were of the opinion that there is a significant amount of research going on in the area, with some of it not even labelled as tobacco research because tobacco is not the sole focus of the research. According to one manager, there are health based studies, economic studies and sociological studies and all are necessary for a general understanding of the tobacco issue. Some of the research cited included that being undertaken by the Lung Association, the Heart and Stroke Foundation, the Canadian Cancer Society, the Addictions Research Foundation, the Ontario Tobacco Research Unit and Health Canada (i.e., tobacco-related research other than that undertaken for TDRS).

The majority of project managers were unable to comment on the influence of other Canadian tobacco-related research on program design and legislation overall or as compared to their research. Those that were able to comment generally believe that all research is important for influencing program design and legislation and it is not possible to attribute influence to any one research project. A few project managers, however, noted that epidemiological data and research and experimentally designed research tends to be more influential on policy and legislation because they demonstrate some kind of proof. Some project managers (both HPB and NHRDP) also commented that their research was the only one of its kind in Canada, and, in some instances, the world (e.g., *Nicotine and Constituents of Tobacco and Tobacco Smoke, Cultural Factors in Tobacco Use Among Ethnic Groups, Les déterminants de l'Integration, de l'approche écologique dans les programmes de lutte contre le tabagisme des organizations de santé publique au Canada, A Case Study of Risk Factors for Lung Cancer: Interactions Between Smoking and Occupational Exposures*). While all research is felt to have some influence, one project manager noted that, although Health Canada has a great deal of information on the effects of smoking, the information is not getting out to the public because the media has lost interest[1]. A Health Canada representative made the observation that Canadians and Americans tend to cite American research. This is seen, by this individual, as a failure of TDRS to publish results in scientific literature for international recognition.

Overall, according to project managers, TDRS funding played an important role in allowing the research projects to go forth, particularly the HPB projects. The majority of HPB project managers indicated that their research projects would not have been undertaken without TDRS funding. The primary reason for this is that the research had been solicited by the Department. Three project managers were unable to comment as to whether their projects would have gone forward or not. It should be noted that one of the HPB projects did not receive funding per se as it was conducted internally and so the only cost was personnel time for Health Canada. In comparison, NHRDP project managers were much more optimistic about their ability to have obtained funding from elsewhere with over half of the project managers believing that their research would have gone forward. Only two respondents were unable to comment. Most of the project managers that felt their projects would have gone forward, however, did indicate having benefitted from TDRS funding. Some of the managers indicated that their research would not have been undertaken to the same extent without TDRS funding and others acknowledged that TDRS funding had facilitated their research and allowed it to take place when it did. As with the HPB projects, a couple of NHRDP project managers indicated that their research would not have been undertaken without TDRS funding, citing the fact that their research was solicited by the Department as the primary reason for this view.

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[1] The dissemination of research results from the TDRS projects will be discussed later in this chapter.

Type of Research Funded

Initially, the distribution of research projects between HPB and NHRDP was relatively even (16 and 14 respectively). However, as already noted, five of the HPB research projects were cancelled leaving only 11 projects. HPB projects were solicited by the Department on a contract basis. NHRDP project proposals, in comparison, were submitted for funding and, after undergoing review, selected projects received TDRS funds. Of note is that one project was initially solicited by HPB and then turned over to NHRDP and one NHRDP project manager did not realize the funding he had received was from TDRS until he was contacted by one of the consultants.

The objectives of the HPB projects varied widely as can be seen from the Summary Table at the beginning of this chapter. Two of the research projects, for example, were evaluations of the knowledge of retailers regarding the Tobacco Sales to Young Persons Act and their compliance to this legislation. Another project looked at the effect of packaging on the purchasing of tobacco. Other research projects have attempted to gain information on the impacts of the tax cut and the attitudes of youth towards smoking. Similarly, the objectives of NHRDP projects also varied. Three projects, for example, undertook evaluations of current smoking cessation programs. Other projects focused on determining what are some of the contributing factors to smoking in certain populations (e.g., inmates, youth), as well as the social and cultural factors which influence the use of tobacco.

For both HPB and NHRDP, by far the majority of research projects (91 per cent and 71 per cent respectively) involved descriptive research such as surveys, secondary data analysis, literature reviews, focus groups, econometric analysis of existing data and interviews as opposed to the testing of cessation, prevention or protection (see Table 2). Aside from descriptive research, HPB projects were more likely to test prevention and protection interventions, while NHRDP projects were more likely to test cessation interventions.

The actual amount of funding received by each research project is detailed in Table 1. As can be seen from this table, the amount of funding varies quite drastically. In terms of the HPB projects, the two large surveys received the most funding (*Youth Smoking Survey, Survey on Smoking in Canada*) followed by the study on nicotine and the constituents of tobacco smoke. In terms of the NHRDP projects, the case study of risk factors for lung cancer received by far the most funding of all the projects. The amount of funding received by the remaining projects ranged from $22,000 to $265,000 with a number of the projects receiving funding around the $150,000 to $200,000 mark. Given that the majority of both HPB and NHRDP projects undertook descriptive research, it is not surprising that the majority of TDRS funds were spent on this type of research, particularly in light of the funding provided to the larger surveys. The average amount of funding for each type of research by Branch is presented in Table 3.

Quality and Dissemination of Information

Generally speaking, HPB project managers felt that the information provided by their research was comprehensive within the defined scope of their research. One Health Canada representative, for example, indicated that, while their survey provided the information needed, no survey is comprehensive. Another project manager indicated that with a larger budget and more time, a broader study (e.g., more locations) could have been undertaken. On the other hand, a couple of managers felt that the information from their research was "extremely" comprehensive.

While HPB project managers felt that their research had been at least as comprehensive as it could be, gaps in information derived from the research were noted by a few managers. For example, one project manager indicated that the results from their study on tobacco related health impacts were only estimates as they do not include deaths caused by ETS. Another manager indicated that their survey results only provide information on the tobacco industry marketing campaign at one point in time as opposed to over a period of time. Some managers were also able to identify areas where more research is needed. A few managers indicated a need to conduct more studies around ETS. For example, one manager indicated that it would be useful to know if cigarettes today are "more friendly" to smokers than to non-smokers based on emissions. Other managers noted a need for more frequent studies (e.g., to determine trends), as well a more in-depth analysis of data (e.g., regionally as opposed to aggregately). Finally, one project manager commented that any research undertaken leads to the need for more research.

NHRDP project managers also felt that the information derived from their research was comprehensive within the scope of the research. One manager noted, however, that, although their research had been very comprehensive, the results were not necessarily generalizeable due to the specific study population (i.e., a Catholic School in southern Ontario). Another project manager commented that when their project, which had been solicited by HPB, was turned over to NHRDP, not only was the amount of funding they were to receive cut short, but methodological aspects of the design (e.g., number of surveys, number of locations) were also cut. Of note is that these methodological aspects were those proposed by HPB.

TABLE 2
Types of Research

	Total	Branch	
		HPB	NHRDP
Descriptive research	84% (n=21)	91% (n=10)	79% (n=11)
Testing of prevention interventions	4% (n=1)	9% (n=1)	-
Testing of protection interventions	8% (n=2)	18% (n=2)	-
Testing of cessation intervention	16% (n=4)	-	29% (n=4)

Note: As research projects could involve more than one type of research, the percentages do not equal 100 per cent.

TABLE 3
Distribution of Funds by Research Type and Branch

	Branch					
	HPB			*NHRDP*		
	n	Mean	Range	n	Mean	Range
Descriptive research	10	$574,107	$0 - $1,735,000	11	$185,226	$22,159 - $848,383
Testing of prevention interventions	1	$546,000	$546,000	0	-	-
Testing of protection interventions	2	$102,500	$69,000 - $136,000	0	-	-
Testing of cessation interventions	0	-	-	4	$116,032	$23,900 - $199,991
OVERALL AVERAGE	$571,296			$176,980		

Although NHRDP project managers felt that their research had been comprehensive, some managers noted a few gaps. For example, one manager indicated that a larger sample size for their study would have been beneficial. Another manager commented that their study did not provide information on the effectiveness of their method with other languages and ethnic groups. Areas where more research is needed were also identified by some project managers. One manager, for example, noted the need for more longitudinal research in general. Another manager indicated that more research could be done that focuses on the time of immigration and the processes that are going on at that time and see how they link to tobacco consumption. Other managers indicated a need for more research on family expenditures and tobacco and on the relationship between ETS and lung cancer.

The majority of HPB project managers were of the opinion that the information derived from their research project would be directly relevant to design considerations, with a few indicating their results would be relevant to policy and legislation. The results from one project, for example, can be used to plan and fine-tune future enforcement strategies (e.g., age and gender of teens most likely to have cigarettes illegally sold to them [*Regulatory Compliance Monitoring*]). Another project provided information to help support Bill C-71 (*Tobacco Control Blueprint Papers*). While most felt that the information from their research would be directly relevant to design considerations, one manager acknowledged that some extrapolation of their information would be necessary due to the large amount of information.

In comparison to HPB project managers, just under half of NHRDP project managers felt that the information derived from their research project would be directly relevant to design considerations. One project, for example, was commissioned by the Department (originally HPB) to feed into specific projects aimed at ethno-cultural groups (*Cultural Factors in Tobacco Use Among Ethnic Groups*). The results from three other projects should provide direct input into design of future smoking cessation programs. One of these projects, for example, was able to determine that there are two different groups of smokers (daily smokers and occasional smokers) and they need different cessation interventions (*Smoking, Smoking Cessation, Tobacco Control and Programming: A Qualitative and Quantitative Test*). One project manager noted that the information from their research would have to be extrapolated if it was to be used with ethnic groups other than those involved in their study.

Project managers of both HPB and NHRDP projects were aware of a number of ways in which their research results had been disseminated to program managers, the tobacco community (e.g., Canadian Cancer Society), legislators and policy makers or the public. For HPB projects, the primary ways in which their research results are disseminated is through circulation within Health Canada, press releases and journal publications. For NHRDP projects, the primary way in which their results are disseminated are through presentations, conferences and journal publications. Other more specific methods of dissemination include:

- ☐ the World Wide Web (e.g., *Regulatory Compliance Monitoring*);

- working paper for the Ontario Tobacco Research Unit (e.g., *Cultural Factors in Tobacco Use Among Ethnic groups in Canada*);
- academic channels (e.g., *Smoking and Back Pain: A Health Issue*);
- reel-to-reel tapes (e.g., *Survey on Smoking in Canada*); and
- Health Boards (e.g., *A Test of Cohen's Hypothesis*).

Most project managers (both HPB and NHRDP) felt that the dissemination process was relatively direct and rapid. According to one HPB manager, as most people making and influencing policy are in government, having research results circulated within government is the fastest way of having information disseminated to program designers and policy makers. On the other hand, dissemination through peer reviews and scientific journals are perceived to take time. Other factors cited as having influence over the timeliness of the dissemination of research results were very specific to the research and include:

- quality of the report;
- availability of data from Statistics Canada;
- correctness of hypothesis;
- funding;
- nature and timeliness of the research; and
- priority of Health Canada.

Priority Groups

As it was expected by decision makers that increased accessibility due to lower prices resulting from the anti-smuggling program would be more likely to affect specific sub-groups of both smokers and non-smokers (e.g., ETS) than others, four groups were identified as specific targets of the TDRS:

- youth aged 15-19;
- women;
- resistant priority groups; and
- the public.

The primary target group of HPB projects, as shown in Table 4, is the general public (55 per cent), followed by youth (45 per cent), with none of the projects targeting women or resistant priority groups (e.g., Aboriginals, immigrant youth). Only three projects indicated "other" as their target group, specifically retailers, civil servants preparing Bill C-71 and manufacturer's of tobacco products. While these projects may have focused on groups other than those identified as a priority for TDRS, in most cases results of the research were thought to still affect them. For example, the evaluation of retailers' compliance to the sales to minors legislation will have an impact on youth if the results are used to better target enforcement.

TABLE 4
Target Group by Branch

	Total	Branch	
		HPB	NHRDP
Youth	28% (n=7)	45% (n=5)	14% (n=2)
Women	4% (n=1)	-	7% (n=1)
Resistant Priority Groups	12% (n=3)	-	21% (n=3)
General Public	44% (n=11)	55% (n=6)	36% (n=5)
Other Target Group	40% (n=10)	27% (n=3)	50% (n=7)

Note: As research projects can have more than one target group, the percentages do not equal 100 per cent.

NHRDP projects, on the other hand, have other target groups as their primary focus (50 per cent), followed by the general public (36 per cent) and resistant priority groups (21 per cent). In terms of resistant priority groups, one project targeted immigrants, another include Aboriginals in its study and a third focused on individuals with low incomes. As with the HPB projects, women received little attention as a target group. As noted, the majority of NHRDP projects had other groups as at least part of their target. These groups include:

- individuals with sclerosis;
- program designers;
- research community;
- health groups interest in tobacco control;
- male and female inmates;
- elderly;
- physicians;
- schizophrenics;
- working people; and
- tobacco control community.

Some of these groups, however, are merely sub-sets of the general public (e.g., elderly, working people). It should be noted that less than one quarter (24 per cent or six research projects) of all research projects (HPB and NHRDP) had targets that were not one of the priority groups.

Research projects which had youth as at least part of their target received by far the most funding on average ($639,939) followed by research focusing on the general public ($378,715). The average funding of these target projects, however, is influenced by the Youth Smoking Survey (which at $1.7M received the most funding) and the Survey of Smoking in Canada(which at $1.2M received the second most funding). The remaining three target groups averaged under $200,000 each (women — $199,991, other — $155,202, resistant priority groups — $131,146).

Research projects which had resistant priority groups as at least part of their target have the highest completion rate (67 per cent), followed by projects with the general public as a target group (64 per cent) and those projects targeting youth (57 per cent). Only 40 percent of those targeting other groups are completed and the one targeting women is still ongoing. The breakdown of these projects by Branch are presented in Table 5. It is important to remember when looking at the number of NHRDP projects that are still ongoing, that a number of projects received an extension until the end of June. As this table also shows, when looking at the percentages, it is necessary to keep in mind the actual number of projects. Numerically speaking, more projects focusing on the general public, youth and other target groups have been completed than have those focusing on resistant priority groups.

Almost all of the HPB project managers felt that their research had provided comprehensive information regarding their target group. While managers were confident, overall, that their research had been comprehensive, a couple of mangers noted some areas where additional research could be undertaken. One Health Canada representative, for example, indicated that their project on youth identified the need to look at the attitude process of youth. Another project manager indicated that their results concerning compliance of retailers to the TSYPA could be taken one step further and reported at the store level as opposed to the aggregate level. Finally, one project manager indicated that a hazard index for constituents of tobacco could be developed.

Over half of NHRDP managers also felt that their research had provided comprehensive information regarding their target group. One project manager, for example, indicated that their questionnaire was comprehensive and they had had a good response rate. As with HPB managers, NHRDP managers were of the opinion that there was more research that could be done with some of this research having been highlighted in the process of their project. One project manager, for example, indicated that there is a need for research that focuses on immigrant youth.

TABLE 5
Completion of Target Group Projects by Branch

	Total Completed	***Branch***			
		HPB		**NHRDP**	
		Completed	*Ongoing*	*Completed*	*Ongoing*
Youth	57% (n=4)	80% (n=4)	20% (n=1)	-	100% (n=2)
Women	-	-	-	-	100% (n=1)
Resistant Priority Groups	67% (n=2)	-	-	67% (n=2)	33% (n=1)
General Public	64% (n=7)	100% (n=6)	-	20% (n=1)	80% (n=4)
Other Target Group	40% (n=4)	33% (n=1)	67% (n=2)	43% (n=3)	57% (n=4)
OVERALL TOTAL	53%	79%	21%	33%	67%

Additional Comments by Project Managers

A few of the NHRDP project managers had additional comments regarding their experience with TDRS and the process. One of the problems noted by these managers was lack of communication. According to one manager, they were not kept well informed as to what was going on with respect to the status of their proposal. In fact, this manager indicated first learning that their project had received the go-ahead indirectly (i.e., through the media) and not directly from Health Canada. Another manager indicated that when planning their proposal, they were not informed of either the spending limit or the time frame. It was the perception of another manager that communication between those responsible for TDRS at Health Canada and NHRDP is non-existent. When this manger applied to TDRS, they were told to apply to NHRDP which resulted in a nine month delay. In the end, this manager noted that they were unable to complete their project by the TDRS deadline and had to return unused funds.

A couple of the managers noted having several NHRDP project officers (three or four) during the life of their project which they perceived negatively as it caused "upheaval" and lacked the consistency of having one individual with a project throughout its lifetime. According to one manager, while they generally supported the way research was undertaken by NHRDP, they felt the process needed to be more structured and with one project officer who stays with the project during its duration. Another manager noted that, because TDRS practically happened overnight, there was no time for advanced planning. This manager argued that there ought to have been a planning process set up with a priority list of what research needs to be undertaken. Finally, one manger commented that NHRDP did not assign any reviewers familiar with qualitative research to review their proposal and this was seen to have been problematic in terms of getting the proposal accepted.

Summary and Conclusion

The first evaluation question to be addressed by the review of research was:

> *Did the research funded through the TDRS provide useful information to plan and evaluate other components of the TDRS?*

Our review of the files, and as is outlined in the preceding sections, indicates that, overall, the research did provide useful information to plan and evaluate other components of the TDRS (e.g., one project evaluated retailers' compliance to TSYPA and the results of another were to feed into specific programs dealing with ethnic groups). Over half of the project managers indicated that this was an important objective of their research (e.g., *Regulatory Compliance Monitoring, Cultural Factors in Tobacco Use Among Ethnic groups in Canada*). Others pointed to policy and legislation as being the objective of their research (e.g., *Econometric Study — Taxation, Smuggling and the Demand for Cigarettes in Canada, Tobacco Blueprint Papers*). For those projects that did not have program design, evaluation or policy as their focus, most were still very much linked to TDRS and its goals and objectives. Over half of the projects have been completed and, as they have met their intended objectives, are considered to have been successful. Given that the ongoing projects are very near to completion, it is anticipated that they will also meet their goals and objectives.

Perhaps more important, is the finding that project managers are of the opinion that the results of their research, as outlined in the preceding sections, has had or has the potential to have at least some influence on project and legislation design (both federal and municipal). Given some of the outcomes noted by managers and identified in the project files (e.g., identified age and gender of teens that retailers are more prone to sell cigarettes to regardless of legislation), this opinion appears to have some support. The extent to which results have been used in most cases, however, is not known. Also, while some managers were able to cite other Canadian research that has influenced legislation and program design, some of the research undertaken here was the only project of its kind in Canada and, in some cases, the world.

The second evaluation question to be addressed by the review of research was:

> *What research has been funded and why? What has been the share devoted to prevention, protection and cessation?*

The research funded varied widely from the effect of packaging on the purchasing of tobacco to the evaluation of cessation programs. One of their objectives for many of the projects, and thus, a reason for their receiving funding, was to assist in the designing of programs and the evaluating of other TDRS components. Some projects were even solicited by the Department. All research projects, however, were linked to TDRS objectives and, through their results, had the potential to assist TDRS in meeting its objectives. Although the *specific* reasons as to why each project received funding is not known, given that the majority of projects were either contracted to do the research or underwent a competition, it can be assumed that it is a direct link to TDRS objectives.

By far the majority of research projects involved descriptive research such as surveys and literature reviews followed distantly by those testing cessation interventions. Only one research project had as its objective the testing of prevention interventions. While descriptive research was the most common type of research to be undertaken, it did not, on average, receive the most funding. In fact, the research which tested prevention intervention received the most funding followed by the testing of cessation interventions, with the testing of protection interventions receiving, on average, the least amount of funding. Receiving the most funding, however, does not translate into more projects. Both formally (i.e., it was stated in the files and confirmed by the project manager that this was the type of research undertaken) and informally (i.e., a review of the purpose of the research and their outcomes), there were more projects which focused on cessation than either prevention or protection. Finally, although formally prevention had the least number of projects undertaken, informally there were almost as many projects aimed at prevention or which results could be used to develop prevention type programs as cessation.

The third evaluation question to be addressed by the review of research was:

> *Was the information needed for designing programs, services and message promotion of high quality, and was it provided in a timely fashion?*

The overall view of project managers is that the information provided from the research for designing programs, services and message promotion was of good quality (i.e., objectives were met and the information provided was comprehensive). Project managers were of the opinion that their research had been very comprehensive and any gaps in the information, as identified in the sections above, were not a weakness of their research. Rather it was perceived that it was through the research that these gaps had been highlighted as areas for future research. The majority of project managers were also of the opinion that their research results were directly relevant to design considerations with some of the research having already been used. Where extrapolation of information was seen to be necessary, this was partly due to the large amount of information.

The majority of project managers felt that their research results had been disseminated to various target audiences in a timely manner. This was partly due to the circulation of most study results within Health Canada. It was noted that, as most people making and influencing policy are in government, having research results circulated within government is the fastest way of having information disseminated to program designers and policy makers.

Finally, the review of research projects was intended to answer the evaluation question:

> *Was the research initiative successful in collecting good quality data from priority groups?*

The file review conducted for this evaluation indicates that the research component of the TDRS was successful in collecting good quality data from some priority groups. The majority of projects had as at least part of their focus the general public or youth. Resistant priority groups and women, however, received relatively little focus. The lack of focus on these two groups can be seen as a potential weakness of the TDRS research component. There were also a substantial number of research projects with target groups (e.g., program designers, tobacco control community, schizophrenics) other than those identified as a priority by TDRS as their targets, although only very few projects did not have at least one priority group as their target. Also, while other research projects may not have focused specifically on a target group, their results in many cases will affect them (e.g., the evaluation of retailers' compliance to the sales to minors legislation will have an impact on youth if the results are used to better target enforcement). In terms of funding, research projects that had youth as at least part of their target received the most funding on average followed by research focused at least partly on the general public.

Overall, the research can be considered to have been successful in collecting good quality data from priority groups in that the results and information derived from the research are believed by project managers to be comprehensive, with some having already been used. While gaps were noted in some of the research, this was not seen as a weakness in the research undertaken as objectives were either met or will be met. Rather, it was felt that through the research that gaps were highlighted as well as new avenues for research identified. Given the perceived success of the research projects and their potential for influencing program and legislation design, the impact of the research in terms of assisting the TDRS in meeting its objectives should be positive if these results were actually used. It is known that the results of two of the research projects have influenced programs (e.g., a smoking cessation program was cancelled) and legislation (e.g., Toronto legislation) at the local level. Finally, as all the research projects were linked to TDRS objectives, the information provided by the research should be very useful for TDRS in meeting its objectives. Again, how useful the information will be depends on the extent to which the information is used.

APPENDIX C.2

Review of Research: File Review Guide

Evaluation of TDRS File Review Guide

1: **BRNCH**
Which Branch was this project funded under?
01 HPB 1
02 NHRDP 2

2: **IDNUM**
What is the project's ID Number?

3: **TITLE**
What is the project's title?
01 Response . . . . 1 O

4: **NAME**
What is the name of the Project Manager?
01 Name . . . . 1 O
02 Information not in file 9

5: **TELE**
What is the Project Manager's telephone number?
999-999-9999

```
What was the project's start date?

           Month: @month
           Year:  @year
```

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6: **MONTH**

Month

01	January	01
02	February	02
03	March	03
04	April	04
05	May	05
06	June	06
07	July	07
08	August	08
09	September	09
10	October	10
11	November	11
12	December	12
13	Information not on file	99

7: **YEAR**

Year

SE

01	Information not in file	99

8: **DURTN**

What is the projects duration (in months)?

SE

01	Information not in file	99

9: **STATU**

Is the project completed or ongoing?

01	Completed	1
02	Ongoing	2
03	Cancelled	3
04	Information not in file	9

10: **FUND**

How much funding did the project receive?

11: **OFUND**

Did the project receive funding from sources other than TDRS?

01	Yes	1	
02	No	2	=> PURP
03	Information not in file	9	=> PURP

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12: **FISCL**

For which fiscal year did the project receive funding from TDRS?

01	1994-1995	1	
02	1995-1996	2	
03	1996-1997	3	
04	Information not in file	9	

13: **PURP**

What is the purpose of the project?

01	Response	01	O
02	Information not in file	99	

14: **YOUTH**

Is the project's target group youth?

01	Yes	1	
02	No	2	
03	Information not in file	9	

15: **WOMEN**

Is the project's target group women (e.g., low income women, pregnant women)?

01	Yes	01	O
02	No	02	
03	Information not in file	99	

16: **PRIOR**

Is the project's target group resistant priority groups (e.g., Aboriginals, immigrant youth)?

01	Yes	01	O
02	No	02	
03	Information not in file	99	

17: **GENPU**

Is the project's target group the general public?

01	Yes	01	O
02	No	02	
03	Information not in file	99	

18: **COMM**

Is the project's target group community development?

01	Yes	1	
02	No	2	
03	Information not in file	9	

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19: OTHER

Is there another target group of this project?

01	Yes	01	O
02	No	02	
03	Information not in file	99	

20: RESCH

What types of research did the project undertake?

01	Descriptive research (e.g., surveys, economic modelling)	01	O
02	Testing of prevention interventions	02	
03	Testing of protection interventions	03	
04	Testing of cessation interventions	04	
05	Information not in file	99	

21: ROTH

Was there any other type of research undertaken by the project?

01	Yes	01	O
02	No	02	

22: COMPD

Has the project been successfully completed?

01	Yes	1
02	No	2
03	N/A	3
04	Information not in file	9

23: OUTCM

What are the outcomes/results of the project?

01	Response	01	O
02	N/A - project not yet completed	98	
03	Information not in file	99	

24: DISSE

How was project information disseminated?

01	Response	01	O
02	N/A - no information to disseminate as of yet	98	
03	Information not in file	99	

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25: **RECEV**

Who was the project information disseminated to?

01	Response	01	O	
02	N/A - no information disseminated as of yet	98		
03	Information not in file	99		

26: **INTND**

=> +1 if RECEV=#1 OR DISSE=#1

If information has not been disseminated or information on who it was disseminated to is not on file, to whom/what do they intend to disseminate information?

01	Response	01	O	
02	Information not in file	99		

27: **INT**

Do you want to close this file for good or do you want the opportunity to come back to it?

01	Close it for good	1		=> SURE
02	File it away for re-entry later	2		=> CB

28: **SURE**

Are you sure you want to close this file for good? IT WILL NOT BE RETRIEVABLE AFTERWARDS!

01	Yes	1		=> END
02	No	2	D	=> INT

29: **CB**

Are you sure you want to store this file in your "call-backs" for further references?

01	Yes	1	D	=> END
02	No	2		=> INT

30: **TOEND**

=> END if 0==0

31: **DUM_1**

=> END if 0==0

32: **DUM_2**

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33: **DUM_5**

34: **DUM_8**

35: **DUM_9**

36: **DUM10**

APPENDIX C.3

Review of Research: Interview Guide

File Review Follow-Up Interview Guide

Ekos Research Associates has been commissioned by Health Canada to conduct an evaluation of two major components of the Tobacco Demand Reduction Strategy (TDRS) as well as a review of the TDRS as a whole. There are three main areas to be evaluated in this study: the activities of the Medical Services Branch (MSB) of Health Canada; Research Activities of Health Canada; and issues that are germane to the TDRS. The purpose of this interview is to obtain more detailed information on TDRS funded research projects from project managers who had received funding under TDRS. In addition to obtaining more detailed information, the interview will also allow us to clarify some of the information obtained on the project through the review of its files. The respondent should feel free to tell the interviewer if he/she does not feel confident enough to answer specific questions. All responses will be kept *strictly confidential* and will not influence in any way current or future funding from Health Canada.

I. Background Information

1. Our files indicate that you were the project manager for [PROJECT NAME] which was funded by TDRS. Is this correct?

   ☐ If no, could they suggest someone else for us to call?

II. Funding of Research

2. To what extent do you feel the research results of your project will influence project or legislation design?

   ☐ What factors do you think will impact on the extent of this influence?

3. To your knowledge, what other Canadian tobacco-related research influenced program design?

   ☐ How influential will your research be on program design compared to that of other Canadian tobacco-related research?

4. To your knowledge, has other Canadian tobacco-related research influenced legislation?

   - ☐ How influential will your research be on legislation design compared to that of other Canadian tobacco-related research?

   - ☐ In your opinion, what was the basis for the influence of other Canadian tobacco-related research on legislation (e.g., more comprehensive information due to higher levels of funding)?

5. One of the purposes of the research activities funded through TDRS was to provide information that would assist in the designing of programs and evaluation of other TDRS components. To what extent did you feel that the provision of useful information to plan and evaluate other components of the TDRS was an important objective of your research? Please explain.

   - ☐ Was the need to provide information which would help in the planning and evaluation of other TDRS components taken into account during the planning stages of your project?

   - ☐ Was the provision of useful information which would help in the planning and evaluation of other TDRS components an objective of your research?

6. Would your research project have been undertaken if the TDRS had not funded it?

7. According to the review of this projects files, the type of research undertaken was [TYPE OF RESEARCH]. Is this accurate?

   - ☐ If no, what type of research was undertaken?

   - ☐ Were there other types of research undertaken as part of this project in addition to what was noted in the file? Please explain.

III. Quality and Delivery of Information

8. Are you aware of how the information to be derived from your research will be disseminated to program designers?

    ☐ Do you know if the dissemination will be direct and rapid or winding and slow?

    ☐ What factors may influence the timeliness in which the information from your research will be provided to program designers (e.g., structure of the program, nature of the research)?

9. In your opinion, to what extent will the information derived from your project be directly relevant to design considerations? Please explain.

    ☐ Will it be necessary to extrapolate or adapt the information from your project in order to make it relevant to design considerations?

10. How comprehensive will the information provided by your research be? Please explain.

    ☐ What gaps, if any, do you feel there will be in the information derived from your research (e.g., information you had planned on collecting but were unable to)?

    ☐ In what areas do you think more research will be required?

11. According to the review of your project's files, the target group of your research was [TARGET GROUP]. Is this correct? To what extent do you feel your research will provide comprehensive information regarding smoking and [TARGET GROUP]?

    ☐ Do you think more information on this target group will be required?

    ☐ What gaps, if any, do you feel there will be in the information derived from your research?

IV. Project Completion

12. To what extent do you feel your project will meet its objectives? On what do you base your opinion?

    ☐ Which objectives,.if any, were not met.

13. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

APPENDIX D.1

One-on-One Interviews: Interview Highlights

One-on-One Interviews: Interview Highlights

This appendix presents the results of the interviews. To provide a sense of how common various perspectives are, in many instances the number of respondents presenting a specific view is indicated in parentheses following a statement.

Health Canada (23 persons interviewed)

Changes in the Tobacco Control Environment/Objectives Achievement and Impacts

❑ Over half of respondents felt tobacco control has increased as a priority issue since TDRS was introduced. A couple of respondents were not sure if there had been any change.

- A few respondents (3) indicated that there had been a change in priority in their client group (i.e., Aboriginals) because TDRS funding had provided the impetus to start looking at tobacco. One respondent noted that materials and resources had been developed. According to these respondents, First Nations have so many issues to deal with (e.g., suicide, chemical dependency) that tobacco usage is not a top priority. TDRS, however, has now provided First Nations with an infrastructure for looking at tobacco. It has also resulted in First Nations developing a research capacity as well as the capacity for health planning.

- Some respondents felt that tobacco control had increased in priority as evidenced by new legislation (i.e., Selling Tobacco to Minors Act; banning of tobacco advertising at cultural and sporting events) and its enforcement (e.g., hiring of enforcement officers), development of materials and resources. The role that TDRS has played in this increase, however, is perceived to be quite minimal with a number of respondents feeling that the changes would have occurred anyway. The new legislation regarding the banning of the advertising of tobacco at cultural and sporting events, for example, was highlighted by one respondent as something that would have happened anyways because of the Supreme Court ruling which now allows tobacco companies to advertise. The Supreme Court ruling and the effect it had was, in fact, seen by one respondent to have overshadowed the impact of TDRS.

- A senior respondent involved in research at Health Canada also indicated that, while TDRS money allowed for research to be undertaken and new knowledge developed, there was no plan in place for analyzing this data and disseminating it to its full potential. The existence of this data waiting to be analyzed was noted by other respondents. It is also believed that strong lobby groups (e.g., Cancer Society, Heart and Stroke Foundation) have had an important impact on raising the priority of tobacco control and will help to maintain it as a priority.

- In one region, there was nothing going on because the province had stopped financing anti-tobacco community projects a few months before the Strategy was implemented. TDRS helped keep anti-tobacco efforts alive by supporting projects that the province stopped funding.

- Other respondents (8) provided different examples to demonstrate that tobacco control has increased in priority, pointing to increased news coverage of tobacco issues, an increase in local legislation, and increased correspondence from the public to Health Canada. Canada has also played an important role in putting the issue of tobacco on the international agenda. TDRS funded projects for example, have led to legislation in some countries. These respondents felt that TDRS contributed positively to the change in priority.

- A few respondents (3) felt that tobacco control had not increased as a priority since TDRS. Two respondents indicated that tobacco has been a top priority health issue for years. One respondent held the opposite view, commenting that, if tobacco was a priority for Health Canada, it wouldn't be so fragmented (i.e., different pieces in different branches, but not an overall strategy such as the AIDS Strategy).

❑ There was no consensus as to whether attitudes and knowledge levels pertaining to tobacco consumption and environmental tobacco smoke (ETS) have changed since TDRS. For some the problem is the lack of data to support any conclusion.

- Quoting statistics from a 1986 survey, one respondent indicated that awareness regarding the dangers of tobacco usage was already very high (96 per cent). In 1994, at the beginning of TDRS, the Survey on Smoking in Canada found that the level of awareness of the dangers of tobacco usage was 98 per cent and awareness of ETS was 92 per cent. According to this respondent, the failure of TDRS was that they should have changed their direction to focus on changing the behaviour of people who smoke. This respondent felt that through legislation they could have banned smoking from public places and confined it to the homes. The next step would have been to find ways to help spouses remove smoking from their homes. They also should have focused more on the individual, realizing that smokers are rational people and that they smoke because there is a benefit to them (e.g., they like to smoke, it reduces stress). TDRS should have focused on changing people's behaviours and helping them to cope.

This high level of awareness was also noted by other respondents (6). One respondent indicated that results from the Youth Smoking Survey have shown that young smokers recall the risk around the use of tobacco more than non-smokers. This is believed to be partly due to warning labels on cigarette packages (which has nothing to do with TDRS).

- A few respondents (3) felt that there has been an increase in the general public's awareness from the banning of smoking in public areas, such as malls, due to local legislation. In terms of TDRS, the media campaigns that have been undertaken, as well as Bill C-71 were felt by some respondents (4) to have had at least some impact on people's awareness and knowledge levels.

- Some respondents (8), perceive TDRS to have had a minimal role in raising the awareness of the general public of the dangers of tobacco. One respondent indicated that the knowledge level of those directly involved in TDRS (within Health Canada and some stakeholders) had increased to a great extent, but this knowledge had not been disseminated.

- Some Health Canada officials (8) also felt that attitudes and knowledge levels of the general population have changed since TDRS was introduced and that TDRS has contributed positively to these changes. The promotional activities undertaken during TDRS were considered by one respondent to have raised awareness, as well as had the community level projects. In particular, it was felt that knowledge and attitudes concerning ETS had changed significantly. ETS was described by two respondents as a "real emerging issue" and they felt that the TDRS was a catalyst for this change. Another stated that the ETS advertising campaign was one of the most successful campaigns Health Canada has conducted and which had a measurable impact on knowledge and attitudes; the number of new municipal anti-tobacco bylaws is a clear indication that the population is more and more conscious of the risks of ETS. A respondent from a region, however, felt that the risks of ETS are still widely unknown or ignored. There was less information available on this subject according to this respondent.

- Other factors outside TDRS also raised awareness. One respondent said that one province led consultations for its own anti-tobacco legislation and this increased awareness considerably in that region. Another respondent said that the events in the United States also had great influence in Canada. The media also led a campaign of its own; as one respondent put it, the media likes the tobacco issue because there is a "bad guy" in the debate — the tobacco companies.

- For another respondent, people do not hesitate anymore to request that their non-smoker's rights be respected and this is a clear sign of change.

❑ A number of achievements of the TDRS were noted by respondents. These include:

- the research undertaken (7);
  - it has gone beyond the norm and looked at the behaviours of smokers, determinants and prevention (e.g., plain packaging of cigarettes, retailer compliance, constituents of tobacco)
  - a tool for determining compliance of retailers to youth tobacco legislation was refined (will stand up in court)
  - benchmark studies undertaken
  - advertising was based on more research than ever before; resulted in better campaign
- Survey on Smoking in Canada (2);
  - has provided excellent data
- Youth Smoking Survey (2);
  - it was the first adolescent survey in 16 to 20 years
- enforcement of sales of tobacco to minors legislation (3);
- general learning of policy makers and programmers;
- contributed to tobacco legislation (2);
- a bigger network of people, including more community groups, working on the issue of tobacco control (2);
- additional community resources and programs aimed at TDRS target groups (including gender sensitive programs and resources) (2);
- brought First Nations and Inuit into the fight against tobacco;
- encouraged introspection within First Nations and Inuit as to the cultural role of tobacco;
- national training session of First Nations and Inuit health workers;
- national workshop which looked at the non-traditional use of tobacco;
- increased the capacity of First Nations and Inuit for health planning and tobacco in particular;
- increased the capacity of the First Nations and Inuit youth to do research;
- had positive impacts on the Department:
  - the opportunity for branches within the Department to work closer together was provided
  - resulted in the broadening of horizons
  - working in much more coordinated manner than in the past
  - changed the social marketing direction of the Department for awhile
  - were able to try a lot of programs and find out what really works. Community projects, for example, that actively involve the target population (such as teens) at all stages of the project — from the design to the actual activities —have much more success than those who do not;

- increased community capacity to deliver tobacco control programs;
- minimized the negative impact of the tax cut;

- increased awareness;
- created a huge amount of data regarding smoking behaviour and attitudes;
- involved a great number of actors from federal government down to the grassroots;
- development of legislation in other countries;
- a Coordinating Committee on Tobacco Control in the Ukraine has been established;
- a framework is being drafted by the World Health Organization to look at world wide regulations to govern the marketing of tobacco;
- key points of contact with other countries have been established; and
- a scientific monograph on tobacco smoke and other chemicals has been developed.

☐ Impacts observed by respondents to date varied, with two respondents indicating there had been no impacts. Two respondents said that it is unrealistic to expect TDRS to have had an impact given the tax roll-back. Another respondent further indicated that there had been no impacts on youth because of the tax roll-back. One respondent noted that it is difficult to attribute impacts to any one particular thing. Impacts noted include:

- increased awareness (7), particularly in terms of knowledge and awareness among public relating to ETS;
- through research, some problems were cleared up and others were highlighted (e.g., once they solved mortality they realised they did not have a handle on morbidity — half of smokers don't die until after they are 65);
- quality of discussion around tobacco issues within Health Canada has been raised;
- anti-tobacco people have become more forceful and the tobacco industry has become more defensive;
- First Nations are looking at a smoke free policy;
- increased confidence of youth non-smokers to speak up;
- increased communication between generations, through community projects that can involve people of all ages;
- compliance has improved;
- legislation in other countries has been developed; and
- a coordinating committee on Tobacco Control has been established in the Ukraine.

- More voices against tobacco are heard from different sources as a result of the community projects.

- TDRS targeted approach reached many groups with specific messages. It was successful in reaching mothers and pregnant women, according to one respondent.

- According to one respondent, tobacco councils and tobacco groups at the community level are now struggling because money they received from

TDRS was taken back and this is turning out to be a frustrating experience. Tobacco councils were given large amounts of money and not enough time to develop a plan before the money had to be spent. Now these councils are struggling and may close. It is believed by this respondent that the closure of these councils will result in a decrease of tobacco as a priority issue in Canada.

❑ There were a number of long term impacts noted by respondents:

- changes in peoples' smoking behaviours. Smokers, for example, are much more respectful *vis-à-vis* non-smokers when sharing a common environment;
- potential benefit for people if the information collected from the research is analyzed, synthesized and disseminated;
- maintain public awareness of dangers of tobacco (2);
- heighten public awareness of these dangers (4);
- broaden and deepen understanding of addiction;
- reduce smoking take-up;
- legislation, including provincial anti-tobacco laws;
- joint collaborative efforts at the international level; and
- support is being provided to developing countries whose economies are based on tobacco to grow other crops.

❑ Two-thirds of respondents (16) felt that TDRS had been successful in meeting at least some of its objectives, although many thought they had only been partially met. The one exception is the first objective which is to minimize the risk in tobacco consumption in those groups likely to be influenced by the lower prices. Many of the respondents felt this objective had not been achieved. Reasons for this first objective not being achieved include: money was cut-back in the area of enforcement; price is too powerful a factor, and the number of youths smoking has increased (2). Some respondents felt it was simply too early to tell if the objective had been achieved and others felt that it was impossible to determine as we do not know how to measure risk.

- Two respondents felt that the objective to further denormalize the use and marketing of tobacco products had not been achieved because the Supreme Court of Canada took it out of their hands when they made it legal for tobacco companies to advertise. It was noted by one respondent, however, that Bill C-71 which followed from the Supreme Court ruling has contributed to meeting this objective. Another noted that it had not been possible to achieve this objective through the mass media campaign (advertising). Health Canada tested advertisements which were critical of the tobacco industry, but found that the public was not supportive of this approach.

- Some respondents felt that TDRS had not met its objectives. According to one respondent, many of the TDRS' objectives had already been met prior to TDRS. Two of the respondents also felt that some of the objectives that were met were not due to TDRS but to other factors such as the municipal bylaws.

One respondent, however, felt that the increase in legislation (particularly local by-laws) is one indication that the TDRS has succeeded in increasing the priority of tobacco control. Another respondent indicated that, because the spectrum of risk has shifted, attitudes regarding smoking have changed. The social and economic environment has created instability resulting in people becoming less concerned about long term impacts and more willing to take a risk for immediate gratification. As concern over smoking has diminished, potential for use is greater.

- Some of the respondents (7) felt that the TDRS has done a good job in meeting its objectives, and that activities were well focused on the target groups of interest. Some target groups in remote areas were not exposed to community projects before TDRS.
- One official noted that the community projects were delayed in one of the territories because of the remoteness of the area, and because there were consultations with the territorial government to get projects going in the schools. They are two years behind.

Implementation and Coordination of TDRS

❑ Over half of respondents (14) felt that the various initiatives of TDRS were consistent with each other and complemented and supported each other. According to two respondents, technical information that was developed (e.g., constituents in tobacco smoke) did go into the programs and Health Canada is no longer saying things that are not verifiable (e.g., promotions are based on research). In fact, one of the respondents feels Health Canada now has the best promotions they have ever had because of TDRS. Other examples of initiatives complementing and supporting each other include: results from SOSIC contributed to ETS research and larger scale macro initiatives (e.g., legislation) has reinforced messages at the community level regarding the hazards of smoking. Respondents indicating that the initiatives do support and complement each other also felt that this had led to an increase in the impact that TDRS has had.

- Some of the respondents (5), however, felt that the initiatives were not consistent with each other and that the potential for duplication exists. According to one respondent, it was impossible for initiatives to be consistent with each other because there was overall no plan. In fact, according to this respondent, when it came to decide which projects were to be cut, it was those projects which were developing plans, and so not yet up and running, that were cut. Any initiative that does complement and support another initiative is purely coincidental. This respondent also indicated that there had been complaints of duplication. Other respondents also noted the lack of coordination and communication. One respondent indicated that the initiatives were very fragmented with everyone working in stove pipes and trying to protect their territory. Another respondent also noted the turf wars and the in-fighting that took place.

- Almost all respondents (20) concurred that the TDRS objectives and interventions were consistent with other priorities and policies of the Department and, to a certain extent, the federal government. For example, one respondent indicated that through TDRS, First Nations and Inuit had developed a capacity to do research and this was consistent with a move towards self-government. Another respondent indicated it was consistent in terms of the federal role for knowledge development and legislation. Some of the respondents (5), however, indicated that there are certain inconsistencies between the TDRS and other federal departments. Examples provided include the Department of Finance and their roll-back of taxes, Agriculture Canada's financial support to tobacco farmers, Corrections Canada's sale of tobacco products to inmates, and Heritage Canada's permitting tobacco company sponsorship of cultural events.

- For respondents aware of whether materials and resources previously developed (e.g., Diary of a Teenage Smoker, Smoke-Free, PAL) had been used (12), the consensus was that they had been used. One respondent, however, indicated that, while some First Nations and Inuit communities would have adapted the materials, there is very little that is relevant to them. A few respondents (3) noted that many existing materials had been updated and adapted during the course of the TDRS. One respondent commented that, although the resources were used, they were out-of-date. The fact that it takes so long to change anything is seen by this respondent as being a bureaucratic failing. Finally, according to this same respondent, the biggest failing of TDRS was that it had too much money — they could have done great things, and innovative things "on a shoe string".

- Less than a third of respondents (7) did not feel that money had been allocated appropriately across the initiatives. A few respondents (3) felt that more money should have gone into the research component as research increases the knowledge base with which to develop programs. One respondent commented that the science side had been "shafted". Another respondent felt that more money should have gone to the enforcement component. In contradiction to this, one respondent indicated that enforcement was largely a waste of time. Finally, a couple of respondents indicated that there were not enough resources given to promotion. According to one of these respondent, media campaigns were too short. It would have been better if they would have had a couple runs a year as opposed to one.

  - One respondent felt that the allocation of resources was as appropriate as could be expected given the infrastructure. Another respondent indicated that, while the allocation had been appropriate, there was a need for some flexibility in terms of fiscal year deadlines. Community development type projects such as those undertaken with First Nations take time which is made difficult with stringent deadlines.

- Some respondents (5) were satisfied with the allocation of TDRS resources and felt it was appropriate.

☐ Respondents were more split over whether funds had been allocated properly across target groups. A couple of respondents felt that Aboriginals should have received more funding. According to one respondent, Aboriginal communities have a higher rate of tobacco consumption than mainstream Canadians (54 per cent vs. 31 per cent), with the rate being even higher for the Inuit (70 per cent). Also, Aboriginals are over-represented in the indicators of tobacco consumption (e.g., unemployment rate, lower levels of education). One respondent felt that the focus should have been almost exclusively on youth with less focus on women. According to this respondent, tobacco should not be made a women's issue when it is an addiction issue. Finally, one respondent noted that, while there was no "bizarre allocation", there was a massive number of projects geared to women. The problem for this respondent was that the right groups, in terms of women, were not identified (i.e., women will not quit smoking if their partner smokes which means focusing solely on women and not on women in context with their spouses is inappropriate).

☐ While half of respondents did not feel they could comment on the coordination between policy and programs or the role played by the Policy and Consultation Branch, those who did comment (12) were somewhat divided as to whether there was adequate coordination. Just over half of those who commented (7) felt that coordination was insufficient. One respondent, however, qualified this by saying that in the second and third years there was so much activity going on that it was virtually impossible to know everything that was going on. According to another respondent, coordination was totally dysfunctional. According to a few respondents, there was no plan which resulted in people working in isolation.

- The role of the Policy and Coordination Branch was also not seen to be that valuable by most respondents, although one respondent indicated this was not solely the fault of PCB. According to this respondent, everyone was responsible for not working as a team. Another respondent, however, stated that PCB was autocratic and dictorial, giving very short time frames within which to prepare for meetings or to provide feedback on issues such as Bill C-71. These short time frames made meaningful or useful input a challenge. Another respondent argued that PCB should not be the Branch to have responsibility for coordination as they lack the substantive expertise to arbitrate on tobacco issues.

- Some respondents (5) were satisfied with the role played by the Policy and Consultation Branch. According to one respondent, PCB had a valuable role in ensuring that the activities undertaken were consistent with the interests of the Department. While they caught most of those that were inconsistent and stopped them from going forward, those that they didn't catch caused "quite a rucus". Another respondent felt that, under TDRS, coordination between branches of HC on the issue of tobacco control was improved.

- One respondent felt certain that research projects were duplicated given the lack of communication and coordination. This same respondent noted that, had they known of some research projects underway, their own work would undoubtedly have benefitted.

❏ Just under half of respondent (10) were of the opinion that TDRS had built upon services, programs and other initiatives that had existed prior to it. According to one respondent, TDRS is a continuance of what was going on. Other respondents indicated that what had been there previously gave them a focal point. One respondent indicated that, while they did not actually build on services and programs, they used existing structures. There were no directives or specific efforts to do so, according to one respondent. There was a lack of continuity; for example, one respondent felt that the TDRS could have used or combined materials and efforts of the anti-drug campaigns.

❏ Overall, respondents felt that the design and implementation of the various components of TDRS had been at least somewhat consistent with its overall objectives and the 11 principles on which it was based. A few respondents (3) indicated that the objectives and principles were followed in establishing the program and individual projects. According to one respondent, though, the principles are "such motherhood statements that you can take almost anything and show that it is doing something". Another respondent, however, felt that the cancelling of the tobacco workshops was not entirely consistent with TDRS objectives. A couple of respondents also commented that the principle regarding cultural groups had not been adequately addressed (e.g., minorities, Aboriginals).

❏ One regional respondent, however, could not even recall the existence of the 11 principles.

❏ Respondents were split over whether TDRS has been coordinated with provincial/territorial and NGOs' anti-tobacco activities. Coordination has taken place through committees such as the Canadian Council on Smoking, a working committee established with external partners on the subject of advertising and promotion, and through provinces where negotiations for joint-enforcement programs were undertaken with provinces that had enforcement programs. Some respondents indicated that a lot of effort had gone into consulting with the provinces and NGOs (6). A few of the respondents indicated that while there may be some overlap, this is not necessarily negative. A couple of respondents (2) indicated that any overlaps were not adverse in the sense of being wasteful and that if overlap is handled well and coordinated, this is not a bad thing. A few respondents (3) noted that TDRS cooperated with the provinces in terms of promotion by pooling resources with provinces who developed campaigns which completed TDRS.

- Some respondents, including some steering committee members, did not feel there was a lot of coordination with provinces/territories and NGOs and this had resulted in overlap and duplication. One respondent indicated that some of the provinces do not know what the federal government is doing. Another respondent indicated that, in terms of policy and legislation, some provinces have legislation as comprehensive as the federal government. Finally, one respondent indicated that because everything happened so fast, there was no time to plan. Not allowing time to plan is counter to the whole idea of coordination. Consequently there is a great deal of duplication.

❑ There were a number of federal government programs, policies and legislation identified by respondents that have had an impact on tobacco control. Not surprisingly, the most often cited legislation was Revenue Canada's tax roll-back which is perceived to have had a very negative impact. The Supreme Court of Canada decision to allow tobacco manufacturers to advertise was also noted as having had a negative impact, although it is believed by some to have raised awareness. Other programs, policies and legislation identified include:

- Agriculture Canada subsidizing tobacco growers;
- Agriculture Canada providing subsidies to tobacco growers for growing a different crop;
- tobacco-related disease studies being undertaken by LCDC;
- restricting smoking in certain areas by municipalities;
- Health Canada's Tobacco Control Blueprint;
- health promotion;
- post-partum programs undertaken as part of CDI; and
- Canadian Heritage often supports events sponsored by tobacco companies.

- As most policies are interrelated, it is difficult to say if one had more impact than another. In terms of the municipal by-laws restricting smoking in certain areas, this was felt by one respondent to have had more of a positive impact than TDRS because TDRS is not as restrictive. One respondent indicated that because important amounts of money were given to groups that are now struggling to survive since funding was cut back (e.g., tobacco councils), TDRS was not good value for money.

- Generally, it was felt that very little overlap or duplication was occurring between the different policies and programs.

❑ TDRS is believed by respondents to be consistent with the goals of the National Strategy to Reduce Tobacco Use. According to one respondent, TDRS was conceived with these goals in mind. Another respondent commented that while the objectives were consistent with the goals of the National Strategy to Reduce

Tobacco Use, what it did to the national collaboration and cooperation that was in place was negative.

❑ Most respondents also felt that the TDRS was implemented in a manner consistent with provincial/territorial and NGO activities. For example, on the enforcement side Health Canada worked very closely with the provinces. There was also perceived to have been a fair bit of discussion around policies. One respondent, however, felt that there could have been more put into partnerships. In contrast to these respondents, one respondent felt that because there was no plan, there was no consistency.

Lessons Learned and Alternatives

❑ A wide variety of lessons learned were noted by respondents:

- funding decisions were not open and transparent;
- awareness of the impact of tobacco on First Nations;
- awareness of the traditional and legitimate role of tobacco with First Nations;
- there needs to be an emphasis on enforcement in any Strategy looking at tobacco;
- resources need to be sustained and continued (2);
- three years is too short a time-frame to achieve significant impacts (2);
- promotion must be sustained over a longer time-frame to impact behaviour;
- involvement of target groups in developing activities is important (2);
- must devote a lot of time and energy to coordination within Health Canada, which is made difficult by the different cultures and programs throughout the department;
- more lead time to plan and prepare is necessary (3);
- target groups need to be more targeted;
    - in terms of enforcement, need to do more education with ethnic group retailers and new entrants
- in terms of compliance to tobacco legislation aimed at youth, need to target specific locations (e.g., poorer neighbourhoods);
- would be nice to be able to put some funds into preparing for legislative challenges and to prepare contingency plans in the event of a loss (e.g., Supreme Court decision);
- Youth Smoking Survey was a good project;
- need more school-based programs;
- should work more closely with provinces and school boards to target youth;
- need regular surveying regarding consumption and prevalence data;
- projects need to be better planned (3);
    - spotty approaches are ineffectual and do not work
- good surveillance and health programs need long term commitments;

- there was too much money;
  - should never be given that much money unless it is done in a controlled way
- there was no commitment from the federal government;
  - they made a big show of giving the money and then quietly took it away
- collaboration and coordination are critically important (2);
- we do not understand people's smoking behaviour;
- the approach needs to be changed as the policy focus is not right;
- we can do better with less money;
- we are not using the knowledge, data and information to the level it should be used;
- we are very much unaware of our successes and very much aware of our failures;
- we have to strongly rethink everything associated with tobacco;
  - re-set objectives and direction to make them more realistic
- morbidity is an issue for the future and not mortality;
- have learned some very good lessons on how to initiate, implement and disseminate research and work to the public;
- if you are going to adjust staffing in the Department (i.e., moving staff around or firing them), then do not start a strategy; and
  - need the infrastructure and the people to do the work
- what works today will not work tomorrow.

- There is now a better idea of what works in community projects. In youth, for example, it has to be a comprehensive program that does not just focus on tobacco. It has to deal with self-esteem, other drugs, how to participate in society, how to make your own way through life. Youth must also participate in the design stage of the project.

❑ Based on the above lessons learned, a number of suggestions were made for changes to ongoing TDRS initiatives:

- acknowledge the capacity in native communities to be able to carry out research;
- there needs to be flexibility between financial years in terms of money being spent;
- need to recognize that massive behavioural change takes time and short term strategies fall short of accomplishing behavioural change;
- Regional Health Surveys need to continue as we do not know trends;
- need to address non-traditional tobacco use within the context of traditional tobacco use;
- current funding levels are grossly inadequate for some projects (i.e., Youth Smoking Survey);
- better target groups in terms of enforcement of compliance to youth tobacco legislation;
- put more emphasis on enforcement;

- Department needs to look for the biggest bang for its buck;
  - projects that are the most effective, most unique and offer a valuable contribution
- planning and coordination needs to be done;
- data that have been generated must be analyzed and synthesized (2);
- initiatives have to be constantly reviewed, revised and up-dated;
- start over again and redesign the strategy; and
  - refocus on appreciating the whole individual and the social processes that lead people to use tobacco
- totally withdraw from enforcement
  - there is no point in criminalizing or near criminalizing anything.

- There should be more coordination between the different initiatives of the Strategy, according to one respondent. There should have been more linkages between the national marketing people, the enforcement people and the community action plan people in the regions.

❑ The majority of respondents felt that the TDRS was the best way to achieve the objectives identified for TDRS. A couple of respondents indicated that this was the first time that tobacco had received such a big commitment from the federal government. It was also the first program to allow for funding for national research projects for First Nations which will contribute to the national scientific knowledge base. It was believed by several respondents, however, that TDRS would be more effective if it was a longer term strategy with sustained funding that involved some planning and analysis and included other issues. According to one respondent, they need to move beyond what has already been done moving the message from warning people to actually doing something. There was also a need indicated by one respondent for an increase in the role of external independent thinkers. This respondent, however, also indicated that TDRS was much better than not doing TDRS and that he would endorse it as it was useful to the extent it could be. One respondent, however, felt that what is needed is a long term sustained population health approach that focuses on real problems as opposed to symptoms. For this respondent, TDRS was strictly political.

- In terms of efficiency and effectiveness, most respondents felt that it had been effective and efficient to at least some extent. One respondent, however, indicated that, while TDRS had been one of the most effective in terms of learning, it was completely ineffectual in terms of achieving its objectives.

❑ Overall, most respondents believe that the mix of strategies undertaken by TDRS in an overall national tobacco strategy with a population health focus was the most effective approach. According to one respondent, one needs to do everything. Another respondent noted that one must address all aspects of health to be successful in reducing tobacco use. Self-esteem, fitness, nutrition, and mental health, all play a role as risk factors contributing to tobacco use. A few strategies, however, were highlighted by some respondents:

- simple and extremely strong legislation (applied to the tobacco industry as well as ETS) is critical;
- enforcement of legislation with the appropriate resources should be a top priority;
- place less priority on cessation because it is a marginal activity;
- focus exclusively on youth;
- need to focus on prevention, but from a population health perspective;
- need international cooperation and collaboration;
  - policies need to be consistent with the United States as they are right next door
- research should have a higher profile; and
- better division of labour between provincial and federal governments so that both are not doing the same thing;

- According to one respondent, the focus should be on job equity legislation and income tax reform because one of the major determinants of health is inequity in economics. If you lessen economic inequity, you lessen poor health status. Along with these, adequate funding of the education system and a national day care system are priorities. The above, however, are all long term strategies. In the meantime, in order to meet the immediate needs regarding tobacco, another balanced, comprehensive strategy like TDRS with some components would be the most effective approach.

Provincial/Territorial Representatives (12)

Background Information

❑ Most respondents (10) were the provincial contacts for TDRS, although some have only been in this role for as little as five months. Most were directly involved in the decisions over the granting of projects (6) and are members of the National Strategy to Reduce Tobacco Use Steering Committee (7).

Change in the Tobacco Control Environment/Objectives Achievement and Impacts

- ☐ Most respondents (9) felt that the issue of tobacco control has increased in priority as a health issue since TDRS was introduced. Provincial/territorial representatives noted that more has been in done in their province/territory due to TDRS than was in the past (e.g., some provincial Health Ministers are looking at policy, some municipalities and health sectors are looking at smoking regulations resulting in the designation of areas such as schools as non-smoking). One respondent, however, indicated that tobacco control was a high priority anyway. In one case, the province had already implemented an anti-tobacco program and legislation before TDRS was established, so it was already a priority.

- ☐ One respondent could not provide an answer. The funds provided by TDRS did increase the profile of the tobacco issue and the public interest for it, according to the respondent.

  - Opinions were split as to the extent to which TDRS contributed to change. Five respondents felt that TDRS had played a primary role while five other respondents felt that other factors, such as health promotion and prevention, being undertaken by the province over the past number of years, had also played a significant role.

  - One responded said that in his province/territory, the impact was higher among youth because most of the community projects there were oriented towards that target group.

  - According to one respondent, the influence peaked in 1994 when the province passed anti-tobacco legislation there.

- ☐ Most respondents (9) believed that attitudes and knowledge levels pertaining to tobacco consumption and environmental tobacco smoke have changed since TDRS. Respondents noted that there have been policy changes in some of the smaller communities, there is more media awareness, resources have been created and people are talking about it more. According to one respondent, increased awareness is evident at the grass roots level.

  - One respondent felt, however, that attitudes and knowledge levels had not significantly changed as TDRS did not really touch the public nor did it have any real impact on the people within the provincial government involved in the tobacco issue.

- A respondent from one of the territories said that the national TV ad campaigns did not reach the population there because most people who watch TV there watch American shows via satellite dishes. Newspaper ads are not useful either because 60 per cent of the population is illiterate. The only Canadian media that reaches the population is community radio, which is very popular there.

- Two respondents believed TDRS had an impact but were unsure of their answer. They would like to see results of an empirical study on the subject.

- TDRS was believed by respondents to have been at least partially involved in raising awareness and knowledge levels. For example, the controversy over the tobacco act and the sponsorship issue regarding cultural and sporting events is believed to have raised awareness significantly. Also, projects which were funded by TDRS have resulted in people talking about the issue.

- Other factors, such as the activities of the provincial/territorial health ministries and provincial smoking councils, have contributed to the increased awareness.

- The real influence of TDRS is hard to measure because so many variables into play, according to one respondent. Attitudes, for example, are also influenced by the ad campaigns of the tobacco industry from here and the U.S. TDRS "could not have done any harm", but impacts are difficult to assess because the companies had campaigns of their own that counterbalanced these efforts.

❑ There were a number of major achievements of the TDRS noted by respondents:

- the new legislation (2);
- the amount of research that has been done (3);
  - it has been the underpinnings of longer term projects;
- the community projects were good because they were "hands on";
- it has enabled youth to become involved in the tobacco issue and provided guidance for planners in designing programs for youth;
- highlighted the need for ongoing support for tobacco;
- areas where TDRS has been implemented has helped the locality;
- tobacco has been raised as an issue;
- through CAIP, the Alberta Tobacco Control Centre was established;
- youth projects have empowered youth;
- has given some continuity to tobacco reduction across Canada;
- has put Canada on the international stage;
- the targeting of high risk and high user groups (e.g., schizophrenic women) was important;
- enforcement has improved;
- awareness has been raised;

- networking has increased;
- there are very good people with experience working in the area; and
- the public are now more aware of the programs that are out there.

- Despite these positive achievements, a number of negative aspects were noted by one respondent:
  - the Canadian Clearinghouse is suffering due to having a tremendous amount of money given to it and then taken away;
  - community projects received money and then had it taken away which could create dependency;
  - there was no collaboration — it was a federal initiative and not a national one;
  - poor use of money — too much at one time;
  - there was no planning or thought put into it;
  - it was seen as a bandaid solution to the tax decrease;
  - In the territories, funded projects started only a year ago so it is doubtful that these will have long term impacts. In one case, there were delays because there were no NGOs available to take the funding. The problem is that Health does not have offices in the territories. TDRS should have delegated powers to territorial officials and let them decide where the funding goes.

☐ Impacts noted by provincial/territorial representatives were varied; one respondent indicated that there had been no impacts other than Health Canada's priorities were met (i.e., showed tax roll-back had no effect on tobacco consumption). According to this respondent, the needs of the country were not taken into consideration. Another respondent indicated that the funding structure had been divisive in the communities and broke down partnerships. Many positive impacts were cited, including:

- increased awareness (2);
- provinces/territories that had had nothing before now have programs;
- the Tobacco Control Blueprint;
- tobacco act;
- smokers are feeling increased pressure to stop;
- recognized the need for long term support for people to quit smoking;
- youth are better informed;
- enforcement of legislation has improved;
- people are thinking about ETS (e.g., smoking in daycares); and
- more people are working towards tobacco legislation.

☐ A number of longer term impacts were also noted by respondents:

- the issue of tobacco has been brought to a level where it cannot go back;
- associations have been made stronger (e.g., Cancer Society, Heart and Stroke Foundation);
- sustained legislation;

  - the amount of knowledge that has been generated will assist those working in the area of tobacco for a long time in helping to keep the issue of tobacco as a priority
  - One respondent wonders what will be the long-term impacts of the community action programs. These projects probably had an immediate influence but it is unsure whether these activities will have an enduring impact, especially if public funding disappears.

- ☐ Again, one respondent could not say whether TDRS will have short and long-term impacts of TDRS without survey data.

- ☐ One respondent said that the strategy was to short in time and implemented too quickly. A better planned, long-term strategy would probably have better results.

Objectives:

- ☐ Respondents were split over the extent to which TDRS had successfully achieved its objectives. One respondent indicated that none of them had been achieved. This opinion was based on the lack of evidence that they have been achieved. While the other respondents felt that some of the objectives had been achieved, there was no consensus about which ones had or had not been achieved.

- ☐ According to two respondents, the objective to minimize tobacco consumption was not addressed because they lowered the taxes. In some provinces, the rollback actually increased smoking prevalence among youth, especially female teens.

- ☐ Another respondent indicated that this objective had not been achieved as it is known that to help youth minimize the risk one needs to also help parents.

- ☐ Two respondents said that tobacco that tobacco control has increased as a priority because of Bill C-71. One respondent, however, indicated that tobacco control has not increased as a priority because it is in competition with other health priorities. Another respondent could not answer.

- ☐ The denormalizing of the use and marketing of tobacco products is seen to be a difficult one because it is countered by what comes through the media in the United States, as well as movies. One respondent was of the opinion that TDRS does not "have a prayer" in achieving this objective. Bill C-71, however, should have a major impact on advertising, according to many respondents (3).

Implementation and Coordination of TDRS

- ☐ To a certain degree, TDRS built on the work done in the province before the strategy was established, according to respondents. One respondent notes that there was nothing before TDRS.

- ☐ Most respondents do not feel that the various initiatives of TDRS are consistent with each other. One respondent indicated that there may have been a plan for initiatives to be consistent, but there was not enough integration in the implementation. One respondent found that they were consistent.

- ☐ Another respondent indicated that individuals were very much in their own camps with little communication between them and yet another respondent indicated that projects were all over the place. The excessive amount of money was seen as being one of the reasons for this. Finally, one respondent noted that individuals at the provincial level had no idea what projects were being funded.

- ☐ In terms of the allocation of resources, one respondent commented that more could have been allocated to the community level. Another respondent felt that funding allocation should have been removed from the political arena and there should have been more collaboration on how it was spent.

- ☐ Annual community funding levels should be fixed in advance for each territory, according to one respondent. In his territory, all the funding was lumped up in the last year.

- ☐ One respondent felt that there was good coordination between policy and programs while another respondent felt there was not.

  - One respondent questioned why the Policy and Consultation Branch was given control over TDRS as they are policy people.

- ☐ A number of provincial/territorial representatives (3) did not know whether TDRS had built effectively upon services, programs and other initiatives that had existed prior to TDRS. Those respondents who were able to comment indicated that they believed TDRS had built upon previous services, programs and other initiatives. There was disagreement, however, as to how effectively this had been done.

- ☐ Most respondents (7) were able to comment on whether the design and implementation of the various components of the TDRS had been consistent with either the overall objectives or with the 11 principles upon which TDRS was based. Four respondents who were able to comment felt that, at least on paper, they had, with one of these respondents indicated that they appreciated having the direction. Another respondent felt that there was still a gap in terms of Aboriginals. One respondent could not remember the principles.

- ☐ Overall, most respondents felt that TDRS had been somewhat coordinated with provincial/territorial and NGOs' anti-tobacco activities, although two respondent did not feel that it had been completely achieved (i.e., coordination around enforcement in that province had been a "dismal failure" up until nine months ago).

- ☐ One respondent criticized the target-group approach of TDRS community funding. In his province, one NGO got funding for activities with immigrants because it is a target group, even though the immigrant population is very small in that province.

- ☐ There was little coordination with the territorial governments, according to respondents. Although there are no overlaps, coordination with territorial authorities is important if Health Canada wants to reach the population there.

- ☐ One respondent said that there was also little coordination between the organizers of the federal and provincial anti-tobacco ad campaigns.

- ☐ According to one respondent, there was coordination with their activities in that the provincial government had no strategy. Another respondent indicated that, as there was not a lot of money going into tobacco from the province, the grant dollars provided by the federal government complemented what they were doing. This respondent, however, further noted that at times there was not a lot of consultation (e.g., T.V. advertisements, tobacco legislation). This resulted in the province not having as much input as they would have liked. There was no overlap or duplication noted by these respondents.

  - Two respondents indicated that there had been no effort made by the federal government at the national office to build on what was happening in the province. As the national office had their own agenda, no time was taken to take stock of what was happening and what was needed in that province. Consequently there has been a great deal of overlap in provincial/territorial and TDRS activities. In two cases, the TDRS sent a curriculum supplement to the schools, even though there was already one done by the provincial health department.

  - Another respondent complained that the TDRS projects in which the province was involved were slow to start because approval was needed from Ottawa. According to this respondent, regional Health Canada officials should be more independent. In one province, there were consultations but the coordination was bad; the political context was not favourable to it.

☐ A few respondents indicated policies, programs and legislation of both the federal government, as well as the provincial/territorial governments, that had an impact on tobacco control. The tax roll-back was noted by three provincial representatives. This was particularly important for one province in light of the fact that this province did not decrease its cigarette taxes. This has created a problem in that individuals in the neighbouring province have set up mail-order companies whereby they will mail cigarettes to people in this representative's province because it is cheaper for the province's residents than buying them in their own province.

☐ Another respondent indicated that five of the provinces have their own sales to minors legislation which superseded that of TDRS. This respondent further indicated that one of the other provinces was doing very good work on producing good information and products, and disseminating this information. This province's activities were seen to have had more impact than TDRS as it was trying to meet its province's needs.

☐ One respondent wondered why there is still federal money invested in research on tobacco farming. We should help farmers find other sources of revenues, not encourage them to grow tobacco.

☐ Most respondents (7) felt that TDRS was consistent with the goals of the National Strategy to Reduce Tobacco Use. Some respondents indicated not knowing whether they were or not. One respondent indicated that, while TDRS was consistent with the goals of the National Strategy to Reduce Tobacco Use, it was not developed in collaboration with it.

☐ The majority of respondents (10) felt that TDRS was implemented in a manner consistent with provincial/territorial and NGO activities. According to three of the respondents, this was partly due to a lack of activity in their respective provinces. Two respondents did not feel that TDRS was implemented in a manner consistent with their province's activities as the national office had its own agenda. According to one respondent, it would have been consistent if funding was directly allocated to the community health structures: "It's as if Health Canada thinks that community health structures are not involved in their communities".

Lessons Learned and Alternatives

☐ A number of lessons learned were noted by respondents:

- need for an overall plan and strategic planning;
- it is important for activities to be done in a consistent and collaborative manner;

- there needs to be more consultation with provinces, especially when they have programs of their own.
- community projects are essential to reach target groups (2);
- do not dump huge amounts of money into any one project;
- ensure there is enough time for community development;
- it showed the community that if they work together, things (e.g., legislation) can be put through;
- promotion/education has a limited effect;
- need to look at funding arrangements;
- when dealing with youth, peer groups need to be addressed and this has to be integrated with support for parents and adults;
- funding needs to be long term (4);
  - particularly in terms of the community grant portion
  - there is a need for an on-going anti-tobacco strategy
- having a national initiative raises the profile of issues and allows one to undertake activities/programs;
- the Clearinghouse is a valuable resource;
- community funding rules should be more flexible for the territories. There are often not enough NGOs in these areas to take on specific projects such as anti-tobacco activities.
- when planning media advertisements, it is important to give provinces time to develop local initiatives to support them.

☐ Based on the above-noted lessons learned, a few suggestions for changes to ongoing TDRS initiatives were cited:

- need a truly collaborative planning process (2);
- need collaboration and appropriate time lines so provinces can build on what is being done nationally; and
- there is a need for long term support (2);
  - need a network for young smokers which friends and parents can access to help change the culture.
- CAP could not be used by provincial health units and this is a shame because the units play a very active role. In some areas, they are the only units that can lead community anti-tobacco activities.
- there should be special training for physicians and other health professionals
- there should be more control on what goes in a cigarette. The paper, for example, can be just as harmful as the tobacco itself.
- There should be a one per cent tax on tobacco products used to finance anti-tobacco activities, like they have in Australia.
- Phone-in radio shows are very popular in the territories. Health Canada could sponsor some of these shows and provide documentation to the organizers. This would reach a wider northern audience at lesser costs than TV ads.

☐ Some of the respondents felt that TDRS was the best way to achieve the objectives identified for TDRS. Respondents indicated that one needs a multifaceted approach that includes legislation, education and policy development. One respondent also indicated that one needs a national network of resources, support and tools for helping people to quit smoking. This respondent also indicated a need for expertise which communities can access and apply to their needs.

- One respondent indicated that TDRS was not effective or efficient. This respondent indicated that TDRS did not have the impact to match the amount of money that was put into it. TDRS was seen to have been poorly planned, poorly implemented and an "obscene" waste of money. It was suggested that the federal government would have done better to split the money up, funnel it through NGOs (e.g., Cancer society) or put it into a bank account and let the existing tobacco strategies draw off it for years to come.

❑ Overall, respondents indicated that the mix of strategies as contained in TDRS is an effective mix for an overall national tobacco strategy with a population health focus. A few specific strategies, however, were cited as being important to implement as part of a tobacco strategy.

- increase enforcement;
- increase taxes;
- community projects are important but there is a need to disseminate the best practises (2)
- research and strategies to disseminate research results
- need a better strategy as to which level of government is to do what;
    - may be better to provide money to provinces and let them administer the programs
- involvement of key players; and
- the strategy needs to be comprehensive.
- a good mix is necessary, but it depends for each province.

0.1 External Stakeholders (11 total)

Background Information

❑ A total of eleven external stakeholders have been interviewed. All are representatives of NGOs. Of the nine stakeholders interviewed, six are members of the Steering Committee of the NSRTU. Most of the stakeholders indicated that their organizations received project funding under the TDRS.

Change in the Tobacco Control Environment

- Most stakeholders felt that TDRS has contributed little to any changes that have occurred in the tobacco control environment since TDRS was introduced. While changes have occurred, stakeholders felt that legislative changes and other factors played a more important role than the TDRS. Changes noted in the tobacco control environment include an increase in media coverage, more people talking about tobacco issues, and an increase in local legislation. Several stakeholders blamed the reduced level of funding, cutbacks and the short time-frame of the strategy all contributed to limiting the impact of the TDRS.

- Over half the stakeholders (6) felt that there had been an increase in awareness and knowledge levels. Most of these respondents, however, were not sure how of this increase was a result of TDRS. One stakeholder from the province of Quebec felt that the increase in awareness in that province has had an unintended negative impact by resulting in friction and conflict between smokers and non-smokers.

- Other stakeholders felt that there had either been little or no substantial change in knowledge and awareness levels (1) or that they lacked the data necessary to be able to say whether any change had occurred.

- Interview respondents identified a number of achievements of the TDRS. Two thirds of the stakeholders interviewed agreed that, as a result of the TDRS, there are more people and community groups working on the issue of tobacco control. These respondents indicated that TDRS had been successful at "pushing things down to the grassroots" and developing the community, and that more people and groups are now aware of tobacco control issues. However, some of these stakeholders were uncertain as to what extent these new groups would continue to work on the issue in the absence of funding. One respondent estimated that only twenty five per cent would continue in the absence of funding.

- The community focus (2), and the funding to develop new products and resources (1) were also cited as achievements of the TDRS.

- A few stakeholders (4) also agreed that some "excellent" research had been conducted as part of the TDRS and that this should be counted as one of its achievements. A few stakeholders (2) felt that funding for a new media campaign was an achievement, although one criticized the campaign, stating that the "messaging was more political than effective". Finally, one stakeholder also perceived the focus on children and aboriginals as being an achievement, while another felt that the focus on targeted populations was too narrow.

- Stakeholders identified several weaknesses of TDRS which contributed to a number of negative impacts. Two major weaknesses identified by all stakeholders interviewed to date include:

  - Large amount of money in short frame of time. Most stakeholders interviewed agreed that TDRS had "thrown" too much money to the community (NGOs) in too short a time. These organizations were not accustomed to dealing with such large amounts of money and were ill-prepared. Some organizations also lost traditional funding sources or partners following the influx of TDRS dollars. They are row in danger of folding given that they no longer have this funding. Furthermore, the allocation of funds created serious rifts in the community. Additionally, the speed with which TDRS was implemented and the fact that it lasted only three years were seen to be serious shortcomings. Stakeholders indicated that there was not adequate time at the outset to develop a solid strategy and plans for spending the money properly.

  - Government's reluctance to relinquish control. Many stakeholders interviewed also felt strongly that TDRS funds should not have been distributed by Health Canada. Rather, all stakeholders argued that some type of arms-length, objective group or committee should have been developed to allocate funds. One stakeholder noted that the experience of other countries and states in implementing similar strategies has demonstrated that allocation should be autonomous. This type of approach would ensure that funds are allocated appropriately and that allocation is not influenced by political or bureaucratic agendas. Furthermore, this would help shield Health Canada from criticism and provide them with more flexibility in the projects and approaches that can be undertaken (e.g., advertisements that are critical of industry).

- One respondent criticized the lack of information dissemination on projects and products funded by the TDRS. According to this respondent, without some catalogue of projects, and information on successful new approaches, the impacts will be short-lived.

- A few respondent criticized the TDRS for funding projects which were not sound intervention approaches, but which were "novel". A few criticized what they describes as the use of "quotas" in the allocation of funds, which led to what were perceived to be poor projects which met some "pre-identified category established by Health Canada".

- Many respondents felt that without some level of sustained funding, impacts will be short-lived

- According to one stakeholder, if there are the resources to monitor the new legislation once it is in place, it will have huge positive impacts.

☐ Stakeholders interviewed did not feel that the TDRS had been particularly successful in achieving a number of its objectives. However, many stakeholders noted that it is impossible to know what would have happened in the absence of TDRS. One stakeholder noted that the objectives of the TDRS were not realistic for a three year initiative.

In terms of the first objective (minimizing the risk of an increase in tobacco consumption), stakeholders felt that TDRS had not been very effective, largely because price is such an important factor in consumption, particularly among youth. One stakeholder felt that efforts aimed at youth continue to be unsuccessful because "we as adults pretend to know what youth want, and then they say it's stupid". A few respondents also felt that efforts aimed at low income and other disadvantaged groups are less successful because these people have so many stresses in their lives and often smoking is "their only friend" even if they may know it is unhealthy.

As noted earlier, most stakeholders generally felt that the TDRS had little or no impact in terms of increasing public knowledge and awareness related to tobacco and ETS and increasing the priority of tobacco control.

Stakeholders felt that the TDRS did very little on the last objective (further denormalize the use and marketing of tobacco products). Many criticized Health Canada for not being willing to challenge the tobacco industry in the media campaign. These stakeholders were disappointed that Health Canada was not willing to take a harder approach (similar to what was done in a number of American states, including California) against the industry in advertisements. According to these stakeholders, these U.S. states have produced very successful ad campaigns which depict the tobacco industry as "the enemy", who "manipulate" people by getting them hooked on a harmful product.

Implementation and Coordination of the TDRS

☐ Stakeholders were divided on the issue of whether the TDRS built effectively on programs, services and initiatives that existed prior to 1994. Approximately half the stakeholders interviewed felt that the TDRS has done a reasonable job of building on the services, programs and initiatives that had existed prior to its implementation. The remainder felt that TDRS did not build effectively on what already existed. A few felt that Health Canada had not consulted with stakeholders enough, and set funding priorities which did not necessarily coincide well with what organizations were already doing. Many stakeholders also noted that the lack of planning or time to develop a coherent strategy at the outset limited the effectiveness of the TDRS in this respect.

- Stakeholders felt that the TDRS was reasonably consistent with its objectives except in terms of denormalizing tobacco marketing. Stakeholders interviewed could not recall the 11 principles upon which the TDRS was based. One stakeholder stated that Health Canada should use more simple, concise objectives which are easy to recall and understand.

- Stakeholders were largely dissatisfied with the coordination of TDRS with NGOs and provinces/territories. Stakeholders also noted that consultations were heated.

- Several stakeholders felt that overlaps had resulted from poor coordination and a lack of information sharing. One stakeholder in particular discovered that another group had been funded for a very similar project in the same province. However, because there was no overall coordination or consultation, they were not aware of the overlap and did not have the opportunity to coordinate their efforts or share information.

- Most stakeholders agreed that the TDRS was consistent with the goals of the NSRTU. A few noted that the NSRTU has a broader focus than the TDRS, which focused on specific target populations. Several stakeholders also criticized the NSRTU. These stakeholders felt that the NSRTU is ineffective for a number of reasons. Stakeholders noted that there have been no recent meetings of the NSRTU, there is no widespread understanding of its goals, and Health Canada has not made effective use of it is it is not consulted and has no authority.

Lessons Learned and Alternatives

- Stakeholders listed a number of lessons learned and suggested several changes to the TDRS. The main recommendation shared by most stakeholders interviewed concerned the importance of ensuring that a strategy such as the TDRS be implemented using an approach which is arms-length to government. Stakeholders emphasized that it is important not to build another bureaucracy, but that some type of objective body (made up of government and non-governmental organizations) should be responsible for allocating funds.

- Many stakeholders stressed that TDRS was too short, and that they funds allocated to the strategy would have been far more effective if they had been spread out over a longer period of time.

- Many stakeholders also emphasized that one lesson learned is the need for more needs assessment and strategy development at the outset. Many emphasized the importance of involving NGOs, who have experience and who will continue to work on the issues after the TDRS is complete, in this process.

❑ Several stakeholders (3) noted that Health Canada should take steps to ensure that a strategy such as this has some legacy or lasting impact. According to these respondents, the lack of adequate planning or strategy development at the outset, the lack of information sharing or reporting on funded projects and their outcomes, and the lack of coordination with NGOs will all contribute to limiting the long term impact of the TDRS.

❑ Several stakeholders (3) also stressed the need for better information sharing/exchange among organizations implementing projects. Shared information on funded projects and their outcomes will enable other organizations to learn of new successful approaches and to capitalize on the efforts of others. This would help improve the long term impact.

❑ One respondent stressed the importance of legislation. This individual also stressed the need for the smoking piece at the program level to be imbedded in the issues that affect people as people smoke to meet this needs.

❑ One stakeholder felt that a strategy such as TDRS was the best way to achieve the objectives identified for the TDRS. The issue of tobacco has to be dealt with on all levels.

❑ One stakeholder believed that the mix of strategies undertaken by TDRS in an overall national tobacco strategy with a population health focus was the most effective approach. For this individual, however, the key is legislation and high taxation.

APPENDIX D.2

One-on-One Interviews: Interview Guide

Evaluation Of The Tobacco Demand Reduction Strategy Key Informant Interviews

Interview Guide

I. Background Information

1. Could you briefly describe what your role is/has been in the TDRS.

II. Change in the Tobacco Control Environment/Objectives Achievement and Impacts (All respondents)

2a. To what extent has the issue of tobacco control increased in priority as a health issue since the TDRS was introduced? What evidence is there of a change? (e.g., legislation, policies, programs, resources or new knowledge, etc.)

b. To what extent do you think that the TDRS contributed to these changes? What other factors played a role?

3a. In your opinion, have attitudes and knowledge levels pertaining to tobacco consumption and environmental tobacco smoke (ETS) changed since the TDRS was introduced? What evidence is there of a change?

Include changes in:

- ☐ awareness and knowledge of the dangers of tobacco smoking and ETS;
- ☐ public attitudes towards smoking in general;
- ☐ public attitudes towards the marketing of tobacco products.

b. To what extent do you think that the TDRS contributed to these changes? What other factors played a role?

4. In your opinion, what has been the major achievements of the TDRS in general? In your own area of responsibility?

*5. What impacts have been observed to date from the various initiatives of the TDRS? What impacts do you expect to see over the longer term?

* Not in original matrix of questions but considered to be important.

*6. In your opinion, to what extent has the TDRS been successful in achieving its initial objectives? If not, why?

The objectives of the TDRS were:

☐ minimize the risk of an increase in tobacco consumption in those groups most likely to initiate or increase consumption because of lower prices;

☐ increase the priority of tobacco control as a public health measure in Canada;

☐ increase public knowledge of the dangers associated with tobacco product use;

☐ enhance public awareness of the health risks associated with environmental tobacco smoke; and

☐ further denormalize the use and marketing of tobacco products.

III. Implementation of TDRS (Program Officials)

7. Are the various initiatives of the TDRS consistent with each other? Do the various initiatives complement and support each other to increase the potential impact?

8. Are the TDRS objectives and interventions consistent with the other priorities and policies of the Department and of the federal government?

9. Has the initiative made use of materials and resources which were previously developed? (e.g., Quit 4 Life, Diary of a Teenage Smoker, Where There's Smoke..., Smoke-Free, PAL, Kids Decide, etc.)

10. How appropriate has been the allocation of resources across the TDRS initiatives? Across the target groups?

11. Has there been sufficient policy and program coordination? Is the role played by the Policy and Consultation Branch a valuable one, given that the TDRS involves several branches of Health Canada?

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* Not in original matrix of questions but considered to be important.

IV. Implementation and Coordination of TDRS (All Respondents)

12. Has the TDRS built effectively upon services, programs and other initiatives that existed prior to February 1994?

13. Has the design and implementation of the various components of the TDRS been consistent with the overall objectives? With the 11 principles on which TDRS was based?

14. How and to what extent has the TDRS been coordinated with provincial/territorial and NGOs *anti-tobacco activities*?

    - ☐ Do the activities of TDRS complement other initiatives (e.g., federal/provincial legislation)?
    - ☐ Has there been adequate consultation in the implementation of the TDRS?
    - ☐ Are there any overlaps between the TDRS and provincial/territorial and NGO activities?

15. What other programs, policies and legislation of the federal government may have had an impact, positive or negative, *on tobacco control*? Of the provincial/territorial government?

    * ☐ How do these compare to the TDRS?

    * ☐ Are there any overlaps between the TDRS and other programs, policies and legislation of the federal government? Of the provincial/territorial government?

16.a. Was the TDRS consistent with the goals of the National Strategy to Reduce Tobacco Use?

b. Was TDRS implemented in a manner consistent with provincial/territorial/NGOs activities?

V. Lessons Learned and Alternatives (All Respondents)

17. What lessons have been learned during the three years of the TDRS?

18. What (if any) changes would you suggest to ongoing TDRS initiatives based on your experience so far?

* Not in original matrix of questions but considered to be important.

19. Is the TDRS the best way to achieve the objectives identified for the TDRS?

* ☐ What alternative approaches would have been possible? How effective and efficient is the TDRS compared to alternatives?

20. In your opinion, what mix of strategies (e.g., legislation and intervention, federal and provincial, prevention/protection/cessation) in an overall national tobacco strategy with a population health focus would be the most effective approach?

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* Not in original matrix of questions but considered to be important.

APPENDIX E.1

Expert Panel: Questions and Responses

Expert Panel Review

A panel of nine experts was asked to respond to a series of questions on TDRS after reviewing preliminary reports on all evaluation components. Seven responses were received and have been synthesized below.

Specifically, experts were asked to provide their: "expert opinion on the relevance and success of and alternatives for TDRS based on their review of the study findings and your knowledge of the anti-tobacco field." They were also asked to rate their confidence in each response on a scale ranging from 1 (not at all confident, completely outside his/her area of expertise) to 7 (extremely confident, this is his/her area of expertise). Two of the seven responding experts did not provide confidence ratings.

Continued Relevance

1a. Based on the evidence gathered in the course of this evaluation, how has the tobacco control environment evolved since the introduction to TDRS? How did TDRS contribute to this? What other factors contributed?

All experts agreed that the tobacco control environment has changed since the introduction of TDRS — and all also agreed that TDRS is probably not responsible for much of this change. It was also noted that many changes are not yet visible, since adequate baseline data were not available.

Changes in the tobacco control environment that were noted included:

☐ In the general public:
  - temporarily heightened profile for the tobacco issue;
  - increased public support for anti-tobacco policy measures;
  - increased public and editorial scepticism about the motives and methods of the tobacco industry;
  - increased public knowledge of health effects of smoking and ETS exposure according to one expert; apparent disappearance of ETS as an issue, according to another;
  - decreased social acceptability of smoking;
  - little change in smoking among adults;

☐ In target groups:
  - apparent increase in youth smoking;

- ☐ At the community level:
  - larger numbers of people have become involved (or jumped on the bandwagon);
  - a smaller number of community initiatives focusing on prevention and cessation;

- ☐ In other levels of government:
  - new provincial tobacco control legislation in several provinces;
  - more policies restricting smoking in public places;
  - concerted efforts of many public health organizations in reaction to the reduction in tobacco prices;

- ☐ In the retail sector:
  - increased enforcement of sales to minors and corresponding decreases in access to tobacco for youth;
  - increased retailer awareness of legal ages, fines and signage requirements;
  - increased retailer compliance according to one expert, continued poor compliance according to another;

- ☐ Partnerships between these levels:
  - enforcement agreements reached with several provinces;
  - some partnerships weakened due to the influx and exodus of funds;

- ☐ Research:
  - production of a considerable amount of data on various aspects of tobacco control, but with little intelligence: under-analyzed and poorly disseminated studies (see below);

- ☐ Other
  - further confusion regarding the role and status of the Clearinghouse.

Three experts stated that it was impossible or difficult to determine the relative role of TDRS in these changes, and none were able to point to clear positive contributions. One expert noted that TDRS should not take all the blame for increased smoking by teens, since "a year or two of hastily conceived programs could not hope to reduce the impact of such a massive drop in the price of tobacco". It was stated that effects may have varied considerably from province to province, with negligible TDRS impacts in provinces which enacted stronger legislation (e.g., Ontario), and greater TDRS impacts in provinces which had made no additional tobacco control efforts. It was noted that activities at other levels, notably the concerted response by public health organizations, may have been at least as important as the initiatives supported by TDRS.

Two experts noted that the large number of short term projects stimulated by TDRS whose significance or effects are unclear and unmeasured may have in fact served to destabilize the tobacco control environment. In the long term, TDRS may have weakened Canada's tobacco control capacity and thus proven counterproductive.

(Confidence: Mean = 6.0, range 5 to 7)

b. Based on your own point of view, how has the tobacco control environment evolved since the introduction of TDRS? How did TDRS contribute to this? What other factors contributed?

Responses to the first part of this question, about change in the tobacco control environment, echoed responses to the previous one. However, experts added that in their view, TDRS had produced the following negative effects:

- ❑ further loss of credibility of research among policy makers because the dissemination of studies was poor. Examples given were SOSIC (Highlights only published), YSS (delays then release with no public notice), "Smoking Policies in Various Settings (never released), NPHS smoking supplement (never analyzed) and GSS 1995 (never analyzed);
- ❑ the sudden surge of money into an unprepared environment produced projects that were not always relevant, collaborative enterprises, nor able to build capacity;
- ❑ the failure to effectively coordinate and integrate the activities of provincial and municipal governments, voluntary health organizations and other partners resulted in an ineffective program;
- ❑ inducement of cynicism among serious people working in the tobacco control field: "dumping dollars with no plan, then shutting off funding is no way to deal with our most serious health problem";

One expert noted a positive effect, in that TDRS has kept tobacco clearly on the public health agenda, has increased overall involvement in the field, and thus increased capacity for future work. It was also noted that there is growing awareness of negative health impacts of tobacco in Aboriginal community. Another stated that despite its weaknesses, TDRS has provided some data which will be useful to the tobacco control environment and to existing coalitions and agencies.

Three experts noted that activities in the U.S., notably in terms of high-profile attacks on the tobacco industry, had spin-off effects in terms of stimulating awareness and activity in Canada.

(Confidence: Mean = 6.2, range 5 to 7)

c. Do you feel there is a continuing need for federal anti-tobacco initiatives in Canada? Why or why not?

There was complete consensus among the experts consulted that there is a continuing need for federal anti-tobacco initiatives in Canada, because:

- of the continued high prevalence of smoking, mainly in high risk groups, and particularly in Aboriginal peoples;
- of high uptake in younger age groups;
- legislation is not always politically supported or enforced;
- of the size and strength of the tobacco industry lobby and advertising initiatives;
- there is a need for a national perspective and federal leadership to ensure appropriate control of the tobacco industry, coordination of tobacco control policy and legislation, and evidence-based public health practice using national standards for programming and interventions;
- there is a rightful federal role in international activity;
- of the need to develop standard protocols to monitoring and surveillance;
- research initiatives and partnering among major granting agencies are best initiated at the federal level, given inadequacy of provincial funds for research.

One expert suggested that tobacco control programming adopt the cost-shared, approach of the Canadian Heart Health Initiative which "brings together senior public health officials and researchers to link science and practice". The National Cancer Institute's Sociobehavioral Cancer Research Network was cited as another potential model. One expert also stated it is imperative to conduct a more thorough evaluation of TDRS so it will be clear which specific initiatives should continue. It was also noted by one expert that the federal government must take the lead in getting its own house in order; overcoming the frustration even within Health Canada with the lack of integration and coordination.

(Confidence = 6.0, range 5 to 7).

2. How comprehensive and appropriate are the elements of TDRS? Is there duplication between TDRS and provincial or NGO initiatives? Where/what programs? To what extent have the various TDRS interventions complemented each other to increase potential impact?

Four experts stated unequivocally that the elements of TDRS had been comprehensive and appropriate. Two others, however, had caveats: one stated that if the main intention of TDRS had been to mitigate the effects of the tax cut, then perhaps the intended allocation of resources should have strategically emphasized prevention over cessation and protection. Both of these experts noted that the report did not provide enough information on the number and types of projects, their sources of funding, and their interactions and overlaps. The actual allocation of resources among cessation, protection and prevention is not made evident in the evaluation data.

Regarding overlap and duplication, it was felt that in some instances (for example, in Ontario), there was good cooperation and complementarity between federal and provincial governments. One expert noted, however, that there was considerable overlap in some areas, which represents either needless duplication or mutual reinforcement. (The area of programs to increase physician effectiveness in smoking cessation was provided as an example.) This expert was "struck by the fact that so many of the projects and programs seemed to exist and develop in isolation of each other". Any complementarity among TDRS initiatives was seen by another as being almost entirely haphazard. Another noted that lack of information to recipients of TDRS funds on related projects led to duplication in terms of literature reviews. This expert also stated that "opportunities for increasing impact were sometimes lost because of a lack of coordination or communication". It was also noted that the work of some agencies (e.g., the Heart and Stroke Foundation, the Canadian Heart Health Initiative) was not embraced as strongly as it could have been as part of TDRS. However, given federal responsibility for Aboriginal people, no opportunity really exists for overlap with other jurisdictions: it was said that "many First Nations are excluded from provincial community programming in health".

(Confidence: Mean = 5.2, range 5 to 6)

b. How appropriate is the allocation of resources across the three themes of prevention, protection and cessation?

As indicated above, a majority of experts felt that clear data on both the intended and actual allocations across the three themes were missing or unclear from the report, and so had difficulty responding. It was felt that a clear plan or targets would have improved the TDRS overall, and it was suggested by three experts that TDRS should have invested proportionately more funds in prevention, especially among youth. One expert felt that the allocation of funds was roughly appropriate. Another argued that affected groups (i.e., Aboriginal peoples) should be consulted on the allocation of resources.

(Confidence: Mean = 5.7, range 5 to 7)

3a. How appropriate is the targeting of TDRS? The balance between components targeted to the general public and high-risk or resistant groups?

A majority of experts felt that the targets of the TDRS were appropriate given what was known about the likely effects of the tax cut, with one arguing that even more resources should have been dedicated to youth. One expert noted that it is difficult to assess which combination of strategies will be effective in which risk groups, and another deplored the fact that cost-effectiveness targeting did not seem to guide TDRS in either theory or practice. Another, arguing that the best approach is that which will result in the greatest results in the total population, that efforts in subgroups should be concentrated within those segments of subgroups which are easiest (not most resistant: e.g., adults who are light or social smokers) to reach, capitalizing on natural social influence processes in existing social networks. Similarly, another questioned the cost-effectiveness, in terms of overall public health, of targeting cessation funds to resistant smokers. One expert also argued that since most decisions affecting the tobacco control environment are political, legislators, the business community, retailers and unions might be the most appropriate target groups, but have received little attention. The expert in Aboriginal issues argued that since ethnicity cuts across the other risk categories, the targetting is confusing and flawed.

(Confidence : Mean = 5.8, range 4 to 7)

b. **Does TDRS appear to be reaching its high-risk or resistant target populations? Do the TDRS target populations remain appropriate? Why or why not? For which areas or target groups is/will be the need greatest?**

Two experts stated that TDRS has been unsuccessful in reaching its high-risk, resistant populations, while three others stated that there is not enough information in the report to assess this aspect of TDRS. (One did not really address the question directly.) This is seen as reflecting the general inadequacy of monitoring systems for TDRS, which was commented upon by two experts. In particular, it was noted that the evaluation has relied heavily on two SAGE surveys, which were regarded as methodologically inadequate for epidemiological purposes, poorly presented (lack of information on response rate, sample size, confidence intervals), and lacking meaningful data on TDRS target groups.

Nonetheless, a majority of experts stated that youth should be an important continuing focus, especially as they continue to be targeted by the tobacco industry and because of the long-term implications for public health. Cases were made by two different experts for greater focus on young women than young men, and vice versa. It was stated that with respect to reaching Aboriginal groups, TDRS needs to respect their autonomy in the development of programs.

(Confidence: Mean = 6.0, range 5 to 7)

Impacts and Objectives Achievement

4. **Given the impacts and effects noted in the findings, do you think TDRS has been successful in achieving each of its objectives? What in the study**

results leads you to hold this view? What in your knowledge outside the study results leads you to hold this view? Would any benefits have been achieved if there were no TDRS?

- ☐ **To what extent has TDRS increased public knowledge of the dangers associated with tobacco product use?**

- ☐ **To what extent has TDRS enhanced public awareness of the health risks associated with environmental tobacco smoke?**

Two experts grouped their responses pertaining to these two TDRS objectives together, stating that it is not possible to assess the extent of any impact from the information provided. One expert went further to state that given the lack of hard evidence regarding particularly the effectiveness of the PEAP projects, that the conclusion that PEAP had yielded "valid contributions to knowledge on emerging and under-researched issues" is unfounded.

With respect to increased public knowledge, the remaining experts held mixed opinions. Despite initially high public awareness levels, two felt that the combination of media campaigns, policies and enforcement activities have raised global awareness, and legislation has increased local awareness. According to one of these experts, CAIP projects are said to have increased awareness, but the documentation of this is inadequate. Two others felt that there is no evidence from the data presented in the report that there was any shift in knowledge from 1994 to 1996, another pointed to remaining tremendous gaps in public knowledge.

(Confidence: Mean = 5.8, range 4 to 7)

Regarding ETS, three experts suggested that although survey data suggest improved knowledge perhaps resulting from TDRS media campaigns, it is difficult to tie this to TDRS. Another stated that the data presented in Table 5.3 suggest little change.

(Confidence: Mean = 6.0, range 5 to 7)

- ☐ **To what extent has TDRS reduced the risk of increased tobacco consumption in those groups most likely to initiate or increase consumption because of lower prices? Specifically, in light of trends observed in smoking prevalence and amount smoked since the introduction of TDRS, is there any evidence showing the connection between the reduction in tobacco taxes in 1994 and tobacco product consumption in Canada (particularly among youth?)**

This question elicited detailed and thoughtful responses from the experts. First, inconsistencies and problems in the data sources were noted:

- inconsistencies between Tables 5.5 and 5.6 and the comments under Table 5.5; also regarding these tables, an interpretation difficulty because both prevalence and consumption data are needed to jointly assess the impact of both increased consumption among already-smoking youth and the numbers of new smokers (who will normally pull consumption rates down even though prevalence may go up); also, Table 5.6 has no proper baseline;

- inconsistencies between the data in the report and those provided on the National Clearinghouse on Tobacco and Health website;

- problem of interpretation of the data in Table 9 (p.47), which do not provide an appropriate pre-tax cut baseline since the cut was introduced in February 1994; it was suggested that 1993 data would be a better baseline;

- inappropriate treatment of data in Table 9, which pulls together data from different sources without adequately describing the methodological differences between them and thus inviting the reader to treat them as comparable. A knowledgeable expert provided the example of one longitudinal study used in the table which tracked absent students (resulting in higher rates) and use pre-announced breath sample validation (also resulting in higher rates); results of this study are not comparable, contrary to what the table suggests, to cross-sectional surveys without validation. The apparent increase from 1995 to 1996 is likely, in this expert's view, largely a methodological artefact; he goes on to note that such post hoc evaluation designs will require this sort of patchwork approach and are inadequate;

- problem of interpretation of the data presented in Table 5.1, again because of inclusion of 1993 in the 1991 to 1994 increase in smoking prevalence in 15 to 19 year olds — impossible to assess the impacts of the rollback in this presentation;

- no data presented on number of cigarettes sold;

- need to combine prevalence data with information on differential enforcement of legislation across regions;

- belief that the contractor has misinterpreted the SOSIC data, with the note that "the data from the latter cycles have been thoroughly discredited by everyone except Statistics Canada. The youth data presented earlier in the report and the HC workshop in late 1994 on

1991-94 trends in smoking suggest a conclusion quite different from Ekos'.[1] The apparent failure to consult this report and the incorrect identification of tax-cutting provinces (p. 102) undermine the credibility of the conclusion about TDRS in my view";

☐ failure to cite other relevant studies, e.g., Brown A.S. et al., (1996) OTRU Working Papers Series No. 14, "The relationship between the tobacco tax decrease in smoking among youth";

Overall, experts concur that TDRS was unable to offset the risk of an increase in tobacco consumption in those groups most likely to initiate or increase consumption because of lower prices. It is noted by several experts that what seems to have happened is what would have been expected to happen from the literature, in the absence of TDRS (i.e, smoking increases among price sensitive youth) — leading to a conclusion that TDRS was ineffective in this regard.

(Confidence: Mean = 6.0, range 4 to 7)

☐ **To what extent has TDRS further denormalized the use and marketing of tobacco products?**

Experts concurred that TDRS has accomplished very little in terms of denormalization, mostly because of the contradictory effects of the various legislative initiatives or because of the continued ready access of tobacco products to youth.

(Confidence: Mean = 5.8, range 4 to 7)

5a. How effective have the research components of the TDRS been in improving anti-tobacco intervention? Why?

Research was seen by all experts as having had far less impact than it could or should have, because of first, lack of planning and coordination, and second, ineffective dissemination. This latter issue was seen as a very serious problem for TDRS by all experts. It was noted that in some cases (e.g., the study on relationship of price to consumption), reports were completely unavailable; in others, only highlight reports or no reports at all were ever published (see responses to question 4); and much of the commissioned research has not been submitted to scientific journals. It was also noted by two experts that funds were not available to carry through the results of sometimes years of research and millions of dollars into the design and implementation of more effective interventions, with the result that the research is still sitting on the shelf, getting out of date and unlikely to be applied or used by provincial agencies or NGO's. However, one expert noted that some research conducted in

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[1] Note that Ekos did not conduct this component of the evaluation.

Aboriginal communities had used innovative methods (e.g., talking circles) which have been well-received.

It was also noted that the funding of research through NHRDP was based on scientific merit and led to projects which were not necessarily supportive to TDRS. Funding cuts also resulted in loss of some potentially useful projects.

In addition, it was noted by almost all experts that the timing of the evaluation precludes a satisfactory answer to this question, as research benefits in terms of improved programming will not be visible for some time to come. However, dismay was expressed that there appears to be no systematic capacity to track dissemination nor to solicit user feedback on research results.

(Confidence: Mean = 5.0, range 3 to 6)

b. To what extent does Canada's anti-tobacco intervention research have the potential for benefit to the health of Canadians?

According to these experts, health benefits for Canadians of TDRS research are simply not ascertainable at this time. Several experts stated that much of the research has the potential to produce health benefits, but only if there is a coherent plan for linking science to practice, including a rigorous assessment of information needed for policy and program development, framing of research studies to address these, and mechanisms to ensure that worthwhile interventions are adopted, implemented and monitored.

The National Clearinghouse was credited by two experts with having been very useful in disseminating findings.

(Confidence: Mean = 6.2, range 6 to 7)

6. To what extent has the TDRS been effective in providing leadership and coordination in developing a coordinated national anti-tobacco intervention infrastructure?

Expert panel members had mixed opinions on this issue. Some felt that TDRS has provided considerable leadership and coordination in developing the necessary anti-tobacco infrastructure and one stated that it had succeeded in increasing involvement of Aboriginal communities in tobacco-related issues. However, given that the efforts of TDRS are seen to be puny in comparison to the tax cuts, they lacked overall effectiveness. LCDC was cited as providing leadership in development of standard surveillance and monitoring modules. In contrast, it was also stated by three experts that TDRS had been unsuccessful in providing leadership and coordination. This was seen as a reflection of the rapid development and deployment of the program, and the lack of time available to develop integrated partnerships between all

Lessons Learned and Alternatives

9. Do you believe there are better ways of delivering or administering the programs that are now part of the TDRS? What are they?

Experts made several suggestions relevant to delivery of tobacco control initiatives. Within Health Canada, it was suggested to bring all of the Department's tobacco control activities under one directorate, with strong and credible public health leadership, a clear mandate, and stable funding. Many delivery problems were, according to one expert, the results of instability at Health Canada and NHRDP. Non-grant based research was said to lack quality and to have failed to contribute to the scientific community. It was also strongly argued that evaluation efforts to data have been seriously deficient, and there is no evidence of the effectiveness of community-based initiatives and many reasons to doubt that they have lasting impact. Provision of information to the public, especially through electronic means, will require coordination to prevent duplication of effort.

Delivery alternatives outside Health Canada were also suggested. It was also stated by two experts that funding projects through provincial Ministries of Health may be more efficient, in that greater decentralization might help pursue goals identified by local health departments, community champions, researchers and ministry officials. It was suggested inviting Aboriginal organizations to become involved in administration and management of programs and services will reduce costs while focusing more directly on community needs. Another expert argued that the programs currently part of TDRS could be better administered and delivered through organizations such as the Canadian Council on Smoking and Health, because it could assure greater coordination and control, with less potential for destabilization.

(Confidence: Mean = 4.8, range 1 to 6)

10. Are there gaps in activities or issues left unaddressed by the TDRS? What are the emerging issues with respect to anti-tobacco intervention?

According to one expert, the most important emerging issue is the faltering leadership at the national level, with its efforts described as becoming disjointed and half-hearted. Another stressed the importance of regulating the manufacture and content of all tobacco products, with a research effort to provide less dangerous products. Other research gaps mentioned were: research to improve dissemination of programs; on behaviour change; on ETS effects and behaviours; on alternative products for smokers; on interventions with legislators; on the role of other substance use in cessation on the cultural affiliation aspects of tobacco use in Aboriginals; and on use of non-commercial sources of tobacco (obtained through family and friends). Evaluation emphasis should be placed on impact and outcome, rather than process, according to one expert. Another expert cited a number of question left unanswered in terms of how to integrate the different dimensions of TDRS at the community level, how to create a sustainable infrastructure that will have the power to match that of the tobacco industry.

Confidence : Mean = 5.8, range 5 to 7

11. **In general, based on the study data, do you agree with the conclusions of the evaluation? Why or why not? Are there additional conclusions you would draw from the evidence presented in these studies?**

There were differing degrees of agreement with the conclusions of the evaluation among the experts. Two stated that it was impossible to agree with the conclusions since all the evidence presented in the report was inconclusive. Another agreed with the conclusions but found them too timid given the evidence. There was agreement from three experts with the thrust of the overall conclusion regarding the absence of an overall plan, dissemination strategy, strategic coordination and stability of funding. One of these also shared the "lack of enthusiasm about how knowledge had been increased", one suggested that "in the years ahead TDRS may have proved to be a series of costly mistakes", and a third also stated that "random short-term activity will get us nowhere, even if we generate huge amounts of it by handing out piles of cash". Another expert also stated that TDRS did not and could not compensate for the tax rollback, and that the expectation of behavioral impacts after a three-year program was unrealistic. Moreover, the combination of the tax cut and the well-funded political response created an impossible situation for genuine tobacco control". Two experts stated that we do not yet have a full picture of the effects of the tax cut, and that any conclusions are premature.

(Confidence: Mean = 6.0, range 5 to 7)

12. **What, in your view, have been the main lessons learned about effective anti-tobacco intervention in Canada from TDRS?**

There was general agreement among experts on two main types of lessons learned:

- ☐ price and other regulatory measures are far more powerful in the short run than other types of measures;
- ☐ effective tobacco control requires more than large amounts of unexpected money thrown at an unprepared system, especially "after jamming a principal policy lever".

In addition, one expert noted that we have learned that it possible to alter strategies, knowledge, attitudes, beliefs etc., and still have little impact on smoking prevalence and tobacco consumption. Others stated that TDRS's main lessons were to emphasize the importance of planning, partnership (with more time and power given to communities), coordination, careful monitoring and evaluation, and long-term view building on existing strengths and capacities, nurturing long-term leadership, with balanced and effective expenditure of funds, and research designed to support current and planned activities.

(Only two confidence ratings supplied)

13. If you were asked to design a national Tobacco Demand Reduction Strategy, how would it differ from TDRS?

These experts would mainly focus on correcting the deficiencies noted in the previous questions. Specific suggestions were to set a longer (at least five-year) funding horizon, to set benchmarks or targets for each program area, to staff a single, high (international) quality office with enough political status to ensure "minimal interference from Finance or nervous bureaucrats", to set priorities through genuine consultation to devolve program control to Aboriginal groups, to set up a national surveillance system, and to fund the program through a combination of a tobacco product surtax and the collection of tobacco manufacture, wholesaling and retail licensing fees. One expert would focus exclusively on adolescents.

14. Do you have any other comments you would like to add?

Several experts expressed frustration, dismay or criticism with the design of the TDRS evaluation. Concern was specifically expressed that:

1) There was over-reliance on subjective questioning of those with an interest in having their work seen in a positive light, without corroboration by independent, hard evidence. With respect to the review of research, for example, it was suggested that project managers' assessment should have been complemented by a more rigorous assessment of actual dissemination, publication, use, etc. With respect to the CAIP, similar concerns were noted about using interviews with project managers as primary data sources. Two experts expressed strong concern over the statement that "the total number of PEAP projects is not known, but is believed to be approximately 100" (p. 50), suggesting that the basic program management information and documentation was seriously inadequate, and that no credible evaluation of these activities has been conducted.

2) Evidence presented on smoking trends is believed to have come from studies not designed for that purpose, and with insufficient presentation of methodology to permit assessment of their validity. There is also evidently some belief that some of these data are rather

suspect in terms of quality, and the approach taken was not sufficiently critical.

3) The scope and nature of the evaluation was seen as inadequate in light of the huge expenditures on TDRS and the continuing public health problem: "I found it distressing to think that we had expended over $100 million without having in place an evaluation strategy that would ensure that we could determine what, if anything was accomplished, and specific information about what worked and what did not."

Finally, two experts noted that despite their critical comments, they wished to acknowledge partial success in some areas and dedication on behalf of the many people who worked on TDRS. However, one stated that he believes Health Canada has abdicated its leadership role in tobacco control, and deplored the continued funding of CAIP-like projects under the Population Health initiative without any further evidence of success.

APPENDIX E.2

Expert Panel: Members

Members of the Expert Panel

1) Roy Cameron
University of Waterloo

2) Linda Pederson
Moorehouse School of Medicine

3) Tom Stephens
Thomas Stephens and Associates

4) Michel Joffres
Director of Research, Environment Health Centre
Dalhousie University

5) Roberta Ferrence
Ontario Tobacco Research Unit

6) Andrew Pipe
Heart Institute, University of Ottawa
Ottawa Civic Hospital

7) Jeff Reading
Department of Community Health Sciences, Faculty of Medicine
University of Manitoba